

Rhondda Urban District Council.

REPORT

OF

The Medical Officer of Health

FOR

THE YEAR 1914.

TONYPANDY :

Evans & Short, General Printers, Bookbinders and Stationers.

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RHONDDA URBAN DISTRICT

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„	DAN DAVIES, J.P.
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*Medical Officer of Health, Medical Superintendent of the Rhondda
Fever Hospitals, and School Medical Officer—*

J. D. JENKINS, M.D., B.S. (Lond.), D.P.H., &c.

Assistant Medical Officers of Health and School Medical Officers—

J. P. H. DAVIES, M.A., M.B., B.C. (Cambs.),
D.P.H., &c.

¶ W. G. HELSBY, M.R.C.S. (Eng.), L.R.C.P. (Lond.).

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MISS ROSE E. SMITH.

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¶ MISS MAY SHELTON.

Inspector of Nuisances—

*J. TOWY THOMAS.

Assistant Inspectors of Nuisances—

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||*THOMAS OSBORNE.

Health Visitors and School Nurses—

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§MISS BLANCHE K. HOYLE	... No. 3 „
†*MISS DAISY C. HUGHES	... No. 1 „
†§MISS E. GERTRUDE JENKINS	... No. 2 „
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A. O. MORGAN.
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H. T. PROTHEROE.
M. H. EVANS.
D. H. DAVIES.
H. R. JONES.

In charge of Disinfector—

EDWARD TYSOE.
EDWIN HUDD.

- * Holds the Sanitary Inspectors' Certificate granted by the Royal Sanitary Institute.
† Holds the Health Visitors' Certificate granted by the Royal Sanitary Institute.
§ Holds the Midwives' Certificate granted by the Central Midwives Board.
|| Holds the Meat Inspectors' Certificate granted by the Royal Sanitary Institute.
‡ Holds the Sanitary Inspectors' Certificate granted by the London Sanitary Inspectors' Board.
¶ On War Service.
-

Telephone Numbers.

Medical Officer of Health—Office	...	39	Pentre
„ „ Residence	...	47	Pentre
Fever Hospital	...	47	Pentre
Chief Inspector	...	17	Pentre
Inspector No. 1 District	...	3	Treorchy
„ 2 „	...	41	Pentre
„ 3 „	...	8	Tonypandy
„ 4 „	...	13	Tonypandy
„ 5 „	...	3	Porth
„ 6 „	...	2	Ferndale

RHONDDA URBAN DISTRICT.

Area	...	...	...	...	...	23,885 acres
Population (Census, 1911)	...	...	...	...	...	152,781
Population (estimate at Midsummer, 1914)	...	...	...	...	...	162,592
Rateable Value	...	...	...	...	...	£694,431
Birth-rate for 1914...	...	...	...	...	...	34·2 per 1,000
Average Birth-rate for 10 previous years	...	...	...	...	...	36·4 „
Crude Death-rate (from all causes) for 1914	...	...	...	...	...	14·8 „
Corrected Death-rate (from all causes) for 1914...	...	...	...	...	...	16·3 „
Average Death-rate for 10 previous years	...	...	...	...	...	16·0 „
Zymotic Death-rate for 1914	...	...	...	...	...	1·7 „
Average Zymotic Death-rate for 10 previous years	...	...	...	...	...	2·6 „
Death-rate from Pulmonary Tuberculosis for 1914	...	...	...	...	...	·77 „
Average Death-rate from Pulmonary Tuberculosis for 10 previous years	...	...	...	...	...	·73 „
Death-rate from other forms of Tuberculosis for 1914	...	...	...	...	...	0·18 „
Infantile Mortality for 1914...	137 per 1,000 births
Average Infantile Mortality for 10 previous years	160 „ „

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XI.

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Rhondda Urban District Council.

ANNUAL REPORT

OF

The Medical Officer of Health FOR 1914.

*To the Chairman and Members of the Rhondda Urban
District Council.*

GENTLEMEN,—

I beg to submit for your consideration my thirteenth annual report upon the sanitary condition and vital statistics of the Rhondda Urban District during the year 1914.

The war in which this country became directly involved on the 4th of August, 1914, occasioned a considerable re-distribution of the population, the total effect of the changes being doubtless in this district to reduce the population, owing to the large number who joined the colours and who had to undergo their training elsewhere. Apart from an accentuation of a scarcity of labour already existing to some extent, but little disturbance of the main industrial activity of the district was noticeable. A considerable curtailment of the work of the Health

Department whether in hand or in contemplation, became necessary, partly on account of an irreplaceable loss of staff, and partly owing to the desire to obviate all expenditure of an unessential character.

The general (crude) death-rate from all causes in 1914, necessary allowance being made for the transference of deaths to their respective districts and for the reduced figures of the revised estimates of the population, amounted to 14.8 per 1,000 living. This rate is practically equivalent to the average death-rate for the five previous years, and is 1.2 below the average for the previous decennium (1904-1913).

It should be obvious that all efforts aiming at the maintenance of the progressive reduction of the death-rate which has been noticeable in the recent history of the Rhondda, in common with that of the country generally, have become all the more important, if not imperative, in consequence not only of the wastage of life caused by the war, but also on account of the diminution in the efficiency of a large proportion of those who will survive the war. While the "wear and tear" among the most efficient units of the community has become very much greater than before the war, the best means of counteracting and making good the war's destructive effects lie in the direction of a reduction of the heavy, but largely avoidable, losses experienced for many years among infants and young children, as well as in an improvement of the conditions of living which will lead to the improved health and increased efficiency of the general community; consequently the free, if properly directed, expenditure of money in these directions seems more urgently called for than ever before.

Among the most important of the problems capable of exercising such an influence in this district at the present time, I venture to submit the following for the earnest consideration of the Council:—

(1) REFUSE DISPOSAL. A more thorough, comprehensive, and rigidly enforced system of collection of refuse, followed by a final disposal more in consonance with modern knowledge and requirements, is urgently needed. Too narrow an application of the term “refuse” is now common, and a more near approach to the view that refuse is “any matter in the wrong place” is very desirable.

(2) MATERNITY AND CHILD WELFARE. The earliest possible adoption of a comprehensive scheme aiming at the protection of mother and child, both before and after the birth of the child, the interests of the two being of course most closely associated.

(3) INFECTIOUS DISEASES. The application to the Local Government Board for an order under Section 130 of the Public Health Act, 1875, with the view of securing a better control of measles and whooping-cough, which are now instrumental in causing the deaths of a large number of children in the district, and the adoption of a comprehensive scheme utilizing the powers conferred by the order if, and when, obtained.

(4) HOUSING AND TOWN PLANNING, ETC., ACT, 1909. A continuation of the application, in a somewhat modified and restricted form, of the Council’s scheme under the Housing, Town Planning, etc., Act, 1909. While a great degree of discrimination should be exercised in such application in view of the altered circumstances caused by the war, any tendency towards the total

suspension of the administration of the Act for the duration of the war is to be discouraged, for not a few of the landlords in the district are at present well able to show more activity than they are now doing in rendering the houses owned by them in all respects reasonably fit for human habitation.

(5) MILK AND OTHER FOOD SUPPLIES. The persistent and thorough application of provisions contained in the Public Health Acts and Orders in that behalf, as well as in the Council's private Acts, to the control of the milk and other food supplies in the district, with special reference to their influence on the causation and spread of infectious diseases.

I am,

Yours faithfully,

J.D. Jenkins

The Council Offices,
Rhondda.



TOPOGRAPHY.

The district, with an area of 23,885 acres, is about 12 miles long by about $4\frac{3}{4}$ miles across at its widest part. It is irregularly oval in shape, its greatest width lying between a point close to the junction of Mountain Ash, Aberdare, and Rhondda Urban Districts at Blaenllechau, and a point south-west of Gelli on the boundary between the Rhondda and the Ogmore and Garw Urban Districts. The district as a whole consists of two narrow, tortuous valleys, which gradually approach each other in their course southwards, and join at Porth, and thence the single valley so formed runs a short course before merging into the upper end of the Pontypridd Urban District at Trehafod. The two valleys, running at first at some distance from each other, together with the single valley formed by the junction of the other two, are so arranged that they resemble an irregularly-shaped Y. The stem of the Y is formed by the portion of the district extending from Trehafod to Porth and is over a mile long. The limbs, of unequal length, are formed by the Rhondda Fawr Valley, which is about $9\frac{1}{2}$ miles long, and by the Rhondda Fach Valley, which is of a length barely $6\frac{1}{2}$ miles. Both the valleys at their upper extremities end blindly, or form cul-de-sacs; their lateral boundaries are formed by steep hills, which vary in height from about 560 feet on either side of Trehafod, to 1,340 feet on the north-east of Maerdy, and 1,742 feet on the south-west of Treherbert. The Rhondda Fawr and the Rhondda Fach Valleys are separated by a steep ridge—Cefn Rhondda—which rises from a point 600 feet just above Porth to an elevation of 1,692 feet near the upper extremity of the district. The Rhondda river—formed at Porth by the junction of Rhondda Fach and Rhondda

Fawr Rivers—is 240 feet above sea-level at the lowest point in the district, at Trehafod, while the Rhondda Fawr River attains an elevation of 720 feet at Blaenrhondda and the Rhondda Fach River the still greater elevation of 920 feet at Maerdy. The highest point in the district is Carn Moesau, which is 1,950 feet high, and is situated at the upper end.

The valleys are very narrow, and allow in many places only sufficient space for river, road, and railway. Although the district is a large one, the area actually built upon is comparatively small, for the most suitable and convenient building ground is situated in more or less close proximity to the river. Here and there, however—as at Treorchy and Ton—the valleys open out a little, and it is mainly at these expansions that considerable numbers of houses have been erected. Leading out of the main valleys are a few side valleys, of which Cwmparc, Clydach Vale, and Cymmer are the most important.

The prosperity of the district is entirely dependent upon its coal which, in its steam-raising properties, is reputed to be inferior to none. The coal-bearing strata are overlain by Pennant Sandstone, of which the large majority of the houses in the district are built. Scattered over the district are small areas of clay underlying peat, the latter being sufficiently abundant in some portions of the district to affect the colour and taste of the water derived from these localities. At the few expanded portions of the valleys the rivers are bounded by meadows whose soil is alluvial in character.

Owing to the effect of the district's activities in connection with the winning and working of coal, the surface strata are subject to a process of subsidence, which has been ascertained by the Ordnance Survey Department to

have amounted in some localities to eight feet during the period of twelve years intervening between 1898 and 1910. This result of colliery operations leads to many secondary but important consequences which materially influence the public health owing to the degree to which they prejudicially affect the habitable condition of the houses in certain localities, the maintenance of local water supplies, and the continuity and tightness of the joints of all pipes or conduits such as sewers, drains, and water mains.

The district is served by a system of electric tramways, the frequency of service ranging from ten minutes upwards in accordance with the volume of passenger traffic. A Bill now being promoted in Parliament will, if and when approved, authorize the extension of the system to Blaenrhondda and Clydach Vale, constituting the extreme upper end of the Rhondda Fawr Valley and the most important and populous side valley respectively. There will then remain unserved in the district only two large groups of houses, which occupy side valleys leading out of the western side of the Rhondda Fawr Valley, and which are respectively known as Cwmparc and Cymmer.

POPULATION.

1911 (Census)	...	...	...	...	152,781
1914 (Registrar-General's estimate)	...	...	...	...	166,365
1914 (Revised Registrar-General's estimate)	...	...	...	...	162,592

The usual distribution of the population throughout the country was much disturbed during the second half of the year 1914 owing to the outbreak of the European War, and the consequent rush for the colours leading to the allocation of the troops in training to a large

number of training centres scattered throughout the country. The exact number of recruits from the Rhondda is not available, but the total has been variously estimated as being between 9,000 and 12,000, and at the end of March 1915, it was known that 3,646 with wives dependent upon them had enlisted. The rate of recruiting which at first obtained was considerably reduced by the announced desire not to unduly lower the output of the collieries in the district, of which many supply the Admiralty with coal. Some of the places created were undoubtedly filled owing to the advent to the district of men from other parts of the country who felt less disposed to join the colours, and in the case of many of these new arrivals their families also accompanied or followed them, whereas the great majority of recruits left their dependants in the district. It is safe to assert that the nett result has been to reduce the population to some extent, and as there were no troops from outside billeted within the area, the loss was not thus counteracted. The changes have also doubtless resulted in the proportions of the sexes to each other being more or less equalized, the preponderance of males over females in the ratio of 1,000 to 836, which was ascertained to exist at the last census, being probably reduced to some extent.

In dealing with the vital statistics of the district, the usual estimate of the population, based on the assumption that the rate of increase ascertained to have obtained during the last intercensal period has been maintained since the last census enumeration in 1911, has been discarded for a revised estimate which the Registrar General has considered it desirable to make in consequence of the diminished and diminishing birth-rate and the increase in migration. The revised estimate for the Rhondda is put at 162,592, as compared with 166,365, which is that arrived at by the method formerly used.

The Rhondda occupied in the last census year (1911) the 21st position among the towns in England and Wales which are classed as "great towns" in virtue of their populations reaching or exceeding 50,000 persons.

The estimated district ward populations now range from 12,510 in the case of Ward 3 to 25,192 in the case of Ward 9 (see Appendix, Table 5).

Coal mining is the predominating industry in the district, coal and shale mining claiming the energies of 74 per cent. of all occupied males over ten at the time of the last census enumeration in 1911.

Owing to the highly industrial character of the district, the proportion of insured persons among the male population is exceptionally high. Medical attendance upon the families of insured persons engaged at the collieries is generally secured by contract on the poundage system, a fixed amount being contributed to the medical fund for every pound earned irrespective of the nature and amount of the medical service rendered.

Hospital accommodation in the district is very small in proportion to the population, being limited to the Porth Cottage Hospital (General), which is supported by voluntary contributions, and which has provision for the reception and treatment of 24 patients; the poor-law infirmary at The Homes, Llwynypia, with accommodation for 162 patients, 56 beds being set apart for persons suffering from tuberculosis; and the local Sanitary Authority's two hospitals for infectious diseases with accommodation for 90 and 20 (small-pox) cases respectively.

Many of the persons requiring treatment in the form of operations of a major character seek admission into the larger institutions existing at the neighbouring towns of Cardiff and Swansea.

BIRTHS.Average for
Ten Years

	1914.	1904-1913.
Number of Births ...	5,558	5,200
Birth-rate in Rhondda ...	34.2	36.4
Birth-rate in 97 Great Towns ...	25.0	—
Birth-rate in England & Wales ...	22.2	25.7

During the year 1914, 5,541 births were registered as having occurred within the Rhondda Urban District, and 17 births were registered outside the district which properly belonged to the Rhondda; the total number of Rhondda births during 1914 thus amounted to 5,558. This total exceeds that for the previous year by only 53, and the birth-rate for the year 1914 amounted to 34.2 per 1,000 of the population (revised estimate). Although this rate is slightly higher than those of the two immediately preceding years, it shows a reduction of 2.2 as compared with the average of the last ten years (Appendix, Table 3). The country as a whole has also shown a steady decline in the birth-rate for some years, the rate for the year under review being only 22.2, or no less than 12 per 1,000 below that of the Rhondda.

On balancing the gain of population due to an excess of births over deaths, it is found that this "natural increase" in the Rhondda during 1914 amounted to 3,148 or three more than in the previous year.

The numbers of births in the four successive quarters of the year were 1,360, 1,427, 1,345, and 1,409. In addition to these numbers, there also occurred outside the district 17 births which properly belonged to the Rhondda as the parents ordinarily reside within that area, but as no information is available concerning the dates of birth in these cases it is not possible to allocate them to their respective quarters of the year,

In accordance with the usual experience there was an excess of male over female births, the numbers being 2,863 and 2,695 respectively.

ILLEGITIMACY.

During the year 1914, there were registered 139 illegitimate births belonging to the district, the numbers for the six preceding years having been, 119, 130, 121, 136, 160, and 147; the number thus recorded in 1914 is equivalent to .85 per 1,000 of the population, or 25 per 1,000 births, the latter rate being lower by 2 than that for the previous year. It will be noticed from the figures given above that the numbers of illegitimate births for the last two years are considerably higher than those relating to the four preceding years. This increase is more apparent than real, as a number of transferred illegitimate births (14 in 1914) which did not figure in the statistical records of former years are included in the totals for the more recent years. The rates above given as belonging to the Rhondda are lower than the corresponding rates for England and Wales, which were respectively 1.0 and 43 in 1913, the latest year for which the figures are available. Judged by another and fairer standard, however, the Rhondda records show much more unfavourably. This method is to base the illegitimate birth-rate upon the proportion of unmarried and widowed women between the ages of 15 and 45 to the total population. In the Rhondda this ratio was 7.7 per cent. at the census of 1911, and if we assume that the same ratio still obtains the number of unmarried and widowed women of conceptive age in the district in 1914 amounted to 12,520. On this assumption the proportion of illegitimate births belonging to the district was 11.7 per 1,000 of such women as compared with 13.5 and 11.7 in 1912 and 1913 respectively. A comparison with the country as a

whole based on this method reflects unfavourably upon the Rhondda, for the rate of illegitimate births per 1,000 of the unmarried and widowed female population throughout England and Wales was 7.9 for 1912 and 1913, the corresponding figures for 1914 not being yet available.

DEATHS.

			Average for Ten Years	
			1914.	1904-1913.
Number of Deaths	...	...	2,410	2,278
Rate per 1,000 in Rhondda	...	...	14.8	16.0
„	„	97 Great Towns	14.7	—
„	„	England & Wales...	13.4	14.6

In the course of the year 2,336 deaths were registered in the Rhondda Urban District. The number 2,410 given at the head of this section represents the total aggregate of deaths properly belonging to the district, and is arrived at by the addition to the number of deaths registered in the district of the number of Rhondda residents which occurred outside the district and by the deduction from the total thus obtained of the number of deaths of non-residents which occurred within the Rhondda in the course of the year. This method of obtaining the nett figures has been rendered possible only of late years with any degree of completeness by the periodical receipt from the Registrar-General through the County Medical Officer of a list of deaths, during specified portions of the year, of persons who had their permanent homes in the district, but who died elsewhere, while the information in our possession obtained from the local Registrars of Births and Deaths, enables us to exclude from our vital statistics, in calculating the rates of mortality, the deaths in the district of persons not belonging thereto. Of the deaths of residents which occurred outside the district 26 occurred at

the Cardiff Infirmary, 27 at Bridgend Asylum, 29 at Pontypridd Workhouse, and 31 at other places, so that the total number of residents who died outside the district was 113, whereas the deaths of 39 persons not belonging to the Rhondda occurred within its limits.

The nett number of deaths, 2,410, is equivalent to a death-rate of 14.8 per annum per 1,000 of the population, on the revised estimate. This rate approximates very closely those pertaining to the five previous years, the average for which amounts to 14.7 per thousand.

The rate of 14.8 is the "crude" death-rate for the district and makes no allowance for the inequalities of age and sex distribution as ascertained by the last census enumeration to exist in this district as compared with England and Wales as a whole. For the purpose of eliminating the fallacy thus arising and of providing a fair basis for comparative purposes the Registrar-General has calculated for each district a "factor for correction," that for the Rhondda resulting from the data obtained at the 1911 census being fixed at 1.1005. The product of this figure with the crude death-rate yields the "corrected death-rate" of 16.3 per 1,000 for the district in the year 1914.

Reference to Table 9 in the Appendix will show that the Rhondda occupies the 49th place amongst the 97 Great Towns in respect of its death-rate, 48, or practically half the number, possessing in 1914 death-rates lower than that of the Rhondda. In this table the death-rates given are calculated from the Registrar-General's quarterly returns and differ slightly from the true rates in which due allowance has been made for the deaths in other districts of Rhondda residents, but for purposes of comparison the value of the table is not materially reduced in consequence. It will be noticed that the Rhondda death-rate for the

year exceeds the average for the 97 Great Towns and for England and Wales by 0.1 and 1.4 respectively. The causes of death which contributed most largely to the death-rate of the district were pneumonia (all forms), congenital debility (including prematurity), diarrhœa and enteritis, bronchitis, heart disease, tuberculosis, violence (accidents, &c.), cerebral hæmorrhage, measles, and cancer, with the respective totals of 367, 232, 219, 217, 201, 156, 125, 85, 84, and 79 (Table III, Appendix).

The number and percentage proportion of the deaths divided into their respective age groups which occurred in the Rhondda during the year are as follow:—

- 762, or 32 per cent., under 1 year of age.
- 206, or 8 per cent., 1 year and under 2 years.
- 160, or 7 per cent., 2 years and under 5 years.
- 97, or 4 per cent., 5 years and under 15 years.
- 99, or 4 per cent., 15 years and under 25 years.
- 320, or 13 per cent., 25 years and under 45 years.
- 432, or 18 per cent., 45 years and under 65 years.
- 335, or 14 per cent., 65 years and over.

UNCERTIFIED DEATHS.

Of the 2,336 deaths which were registered within the Rhondda Urban District during the year, 2,166 were certified by registered medical practitioners, the District Coroner held inquests on 166, and the remaining 4 were uncertified by either coroner or medical attendant.

The respective proportions of the certified deaths, inquest cases, and uncertified deaths were 92.7, 7.1, and .2 per cent.

In the case of the uncertified deaths, the causes of death assigned were as follow:—

Atelectasis ; Cystic Goitre, Asphyxia ; Heart Disease ;
Premature Birth.

STILL-BORN CHILDREN.

I am indebted to Mr. William Powell, the Clerk to the Burial Board, for a record of the number of still-born children brought to the three cemeteries for burial during the years 1897-1914.

Year.	No of Still-born Children recorded.		No of Births Registered.		Rate per 1,000 Births.	Average for 9 year periods.
1897	...	229	...	4,109	...	55.7
1898	...	210	...	4,120	...	50.9
1899	...	271	...	4,089	...	66.3
1900	...	312	...	4,469	...	69.6
1901	...	348	...	4,586	...	75.9
1902	...	333	...	4,937	...	67.5
1903	...	333	...	4,897	...	68.0
1904	...	301	...	4,860	...	61.9
1905	...	367	...	4,664	...	78.7
1906	...	323	...	4,751	...	67.9
1907	...	346	...	4,831	...	71.6
1908	...	354	...	5,454	...	64.9
1909	...	337	...	5,577	...	60.4
1910	...	321	...	5,628	...	57.0
1911	...	292	...	5,491	...	53.2
1912	...	268	...	5,236	...	51.2
1913	...	330	...	5,505	...	59.9
1914		355		5,558		62.1

66.1

60.9

For purposes of comparison I also append a table giving the corresponding figures for premature births:—

Year	Deaths from Premature Birth.		No. of Births Registered.		Rate per 1,000 Births.	Average for 9 year periods.
1897	...	72	...	4,109	...	17.5
1898	...	53	...	4,120	...	12.8
1899	...	56	...	4,089	...	13.6
1900	...	66	...	4,469	...	14.7
1901	...	74	...	4,586	...	16.1
1902	...	53	...	4,937	...	10.7
1903	...	84	...	4,897	...	17.1
1904	...	69	...	4,860	...	14.1
1905	...	62	...	4,664	...	13.3
1906	...	69	...	4,751	...	14.5
1907	...	68	...	4,831	...	14.1
1908	...	88	...	5,454	...	16.1
1909	...	93	...	5,577	...	16.7
1910	...	85	...	5,628	...	15.1
1911	...	85	...	5,491	...	15.5
1912	...	87	...	5,236	...	16.6
1913	...	84	...	5,505	...	15.3
1914		99		5 558		17.8

14.4

15.7

INFANTILE MORTALITY.

Average for
Ten Years

1914. 1904-1913.

Rhondda per 1,000 births	...	137	160
97 Great Towns	...	114	
England and Wales	...	93	

By the term "Infantile Mortality" is meant the proportion which the number of deaths of infants under one year of age bears to the number of births during the year. The number of infants under one year who succumbed in the course of 1914 amounted to 762, which total, in relation to the number of births (5558), caused an infantile

mortality of 137, or 2 lower than the rate for the previous year.

Recent years have witnessed a marked reduction in the infantile mortality of the district, the quinquennial period 1909-1913, showing an average rate of 139 per 1,000 births, as compared with 184 for the five previous years (1904-1908). It is somewhat significant that in the year 1909 the Notification of Births Act, 1907, was adopted in this district, and that two Health Visitors were appointed to take advantage of its provisions; subsequently the number of Health Visitors was increased to six, so that all portions of the district might share the benefits derived from their services to an equal extent. It might with some justification be claimed that a direct result has been the saving of 45 lives for every thousand births which have occurred during the last six years, equivalent to the prevention during those years of the loss of 1485 lives among infants under one year of age. It must, however, be conceded that various other influences have been at work in effecting this great improvement, although no one familiar with all the circumstances would combat the view that the work done by the health visitors has been the most potent of all the beneficial influences contributing towards the reduction of the deplorable loss of infants which has characterized the sanitary history of the Rhondda for many years.

In the subjoined table is given as concisely as possible a summary of the circumstances,—ante-natal, natal, and post-natal,—which appear to have been, in some instances at least, causally associated with the fatal results recorded. In the main the figures are self-explanatory and serve to indicate the directions which our efforts at reduction of infantile mortality in this district should take, but special attention may be drawn to some of them. In 245, or 34 per cent. of the total number of deaths, the health

Table giving in detail the information obtained by the six Health Visitors concerning deaths of children under one and of children born dead.

				Deaths of Children under one.		Still Births.	
				Total Number.	Per Cent of Total Cases.	Total Number.	Per Cent of Total Cases.
Sex	{ Male .. ..	..	..	384	53	152	56
	{ Female .. ..	..	..	343	47	117	44
Ages at Death.	{ 0 to 12 hours	..	..	48	7		
	{ 12 to 24 "	..	..	15	2		
	{ 1 to 7 days	..	..	64	9		
	{ 1 to 4 weeks	..	..	82	11		
	{ 1 to 2 months	..	..	76	11		
	{ 2 to 3 "	..	..	69	10		
	{ 3 to 4 "	..	..	64	9		
	{ 4 to 5 "	..	..	35	5		
	{ 5 to 6 "	..	..	54	7		
	{ 6 to 7 "	..	..	43	6		
	{ 7 to 8 "	..	..	41	6		
	{ 8 to 9 "	..	..	38	5		
	{ 9 to 10 "	..	..	34	4		
	{ 10 to 11 "	..	..	30	4		
	{ 11 to 12 "	..	..	34	4		
Maturity	{ Mature .. ..	..	..	579	80	153	57
	{ Premature .. ..	..	..	148	20	116	43
	Insured .. ..	..	..	267	37		
	Not well from birth	..	..	255	35		
Previously visited by Health Visitor				482	66		
	Separated from mother..	..	..	19	3		
	Breast-fed .. ..	..	..	369	51		
	Partly breast and partly otherwise	..	..	39	5		
	Bottle-fed .. ..	..	..	164	23		
	Spoon-fed .. ..	..	..	50	7		
	Unfed .. ..	..	..	105	14		
Bottle used	{ Boat-shaped .. ..	..	..	146	20		
	{ Tube .. ..	..	..	53	7		
	{ Boat-shaped and tube	..	..	4	1		
Milk	{ Cows .. ..	..	..	77	11		
	{ Condensed .. ..	..	..	159	22		
	Patent Foods .. ..	..	..	17	2		
Abnormal number of flies in house				5	1		
	Insanitary condition of house	..	..	8	1	2	1
	Overcrowding .. ..	..	..	13	2	5	2
Previous deaths							
	1 child under one year of age	..	..	108	15	41	15
	2 children " " "	..	..	49	7	15	6
	3 children " " "	..	..	26	3	6	2
	4 or more children "	..	..	28	4	4	2
Total number with previous deaths of Infants under one				211	29	66	25
Number with 1 previous still-birth				46	6	24	9
" " 2 " " still-births				14	2	12	4
" " 3 " " "				6	1	8	3
" " 4 or more " "				6	1	11	4
Total number with previous still-births				72	10	55	20
Abnormal condition of mother				117	16	92	34
Difficult birth				75	10	67	25
Illegitimate				20	3	16	6

visitors had no opportunity to exercise any corrective influence owing to the death of the child before their visit to the house, but the inquiry made not infrequently discloses to the health visitor the existence of baneful factors which they then endeavour to counteract or remedy, so as to render the circumstances more favourable to the survival of children yet to be born. Information concerning 727 deaths of children under one, and of 269 still-births was obtained throughout the year. In the case of the former, 63, or 9 per cent., occurred within 24 hours of birth, and 127, or 18 per cent., within the first week; 148, or 20 per cent., were prematurely born; 267, or 37 per cent., were insured; 255, or 35 per cent., were ailing from birth; 369, or 51 per cent., were entirely breast-fed; 39, or 5 per cent., were partly breast-fed and partly artificially fed; 214, or 30 per cent., were wholly artificially fed; and 105, or 14 per cent., were reported as having been incapable of being fed at all. In 211 instances, or 29 per cent., similar losses of infants under one had previously been experienced. A considerable proportion of the mothers,—10 per cent.,—also had on former occasions given birth to still-born children. In 117, or 16 per cent., the mother was reported to have been in an abnormal state of health at or prior to the birth, and in 75, or 10 per cent., an unusually difficult labour was recorded. In comparing the information relating to the 269 still-births with that pertaining to the children born alive, one is impressed with the relatively greater frequency among the former of prematurity at birth, previous occurrences of still-birth, abnormal state of health of the mother, and difficult labour.

The appended table serves for a comparison of the statistics relating to the naturally fed and artificially fed infants with reference to the methods of feeding and the kinds of food used, distinction being made between those

who survived and those who died before attaining one year of age. An analysis of the table discloses the apparent importance of breast-feeding as compared with artificial feeding; thus of the 4,485 children who were entirely breast-fed only 369, or 8 per cent., died, whereas in the case of the 544 who were bottle-fed 164, or 30 per cent., died.

Children who survived.				Children who died.	
				Totals.	Percent-ages.
				Totals.	Percent-ages.
Breast-fed	...	...	..	4,116	86
Partly breast-fed	...	...	..	306	6
Bottle-fed	...	...	...	380	8
Spoon-fed	...	...	...	15	—
Unfed	...	...	...	—	—
Bottle Used	Boat-shaped	...	...	390	57
	Tube	...	...	277	40
	Boat-shaped and tube	...	...	19	3
Milk Used	Cow's	...	..	182	26
	Condensed	...	...	513	74
	Dried	...	...	—	—
Patent foods used	...	...	...	6	—
				17	2

When considered in relation to the above statistics, the importance and relevance to this district of the announcement of the Local Government Board that they are prepared to consider applications for grants in aid of expenditure in respect of institutions or other provisions for maternity and child welfare become evident. In making the announcement the Board forwarded to local authorities the appended Memorandum, setting out for their con-

sideration a comprehensive scheme aiming at the bestowal of particular and individual care upon each child from even before its birth to the time when it is entered in a school register.

Memorandum.

MATERNITY AND CHILD WELFARE.

A complete scheme would comprise the following elements, each of which will, in this connection, be organised in its direct bearing on infantile health.

1. Arrangements for the local supervision of Midwives.

2. Arrangements for—

- | | | |
|-------------|---|---|
| ANTE-NATAL. | { | <p>(1) An Ante-natal Clinic for expectant mothers.</p> <p>(2) The home visiting of expectant mothers.</p> <p>(3) A Maternity Hospital or beds at a hospital, in which complicated cases of pregnancy can receive treatment.</p> |
|-------------|---|---|

3. Arrangements for—

- | | | |
|--------|---|---|
| NATAL. | { | <p>(1) Such assistance as may be needed to ensure the mother having skilled and prompt attendance during confinement at home.</p> <p>(2) The confinement of sick women, including women having contracted pelvis or suffering from any other condition involving danger to the the mother or infant, at a hospital.</p> |
|--------|---|---|

4. Arrangements for—

POST-NATAL.

- (1) The treatment in a hospital of complications arising after parturition, whether in the mother or in the infant.
- (2) The provision of systematic advice and treatment for infants at a Baby Clinic or Infant Dispensary.
- (3) The continuance of these Clinics and Dispensaries, so as to be available for children up to the age when they are entered on a school register, i.e., the register of a Public Elementary School, Nursery School, Crèche, Day Nursery, School for Mothers or other school.
- (4) The systematic home visitation of infants and of children not on a school register as above defined.

Even a cursory consideration of the memorandum impresses one with its completeness with regard to both the extent of the ground which it covers as well as in its inclusion of nearly all the stages in the child's early existence which influence its physical well-being. That the Rhondda is pre-eminently a district which stands to benefit greatly by taking the fullest advantage of the opportunities offered by the Board, our unfavourable statistics in these directions unfortunately prove only too well.

The Notification of Births Act, 1907, was adopted by the Council and came into force on the 28th of April, 1909. The extent to which its requirements are complied with has very much improved since the whole of the district became subject to the attention of the health visitors. The local registrars periodically compare the notifications received by the Medical Officer of Health with their own records, so that any discrepancy which may

exist can be investigated, and any action which may be called for can be taken.

The following table shows the extent to which the Notification of Births Act, 1907, has been observed since its adoption in 1909:—

		Births registered with District Registrars.	Births notified to Medical Officer of Health.	Percentage proportion of latter to former.
Portion of District served by Health Visitors.	1909($\frac{1}{2}$)	1,550	1,546	100
	1910	3,079	3,023	98
	1911	3,059	3,144	103
Portion of District not served by Health Visitors.	1909($\frac{1}{2}$)	1,237	1,050	85
	1910	2,549	1,236	48
	1911	2,404	1,670	69
Whole of Rhondda	1909($\frac{1}{2}$)	2,787	2,596	93
	1910	5,628	4,259	76
	1911	5,463	4,814	88
	1912	5,202	4,898	94
	1913	5,479	5,522	101
	1914	5,541	5,444	98

N.B.—In 1912 Health Visitors were appointed to serve the whole of the Urban District.

ZYMOTIC DISEASES.

Average for
Ten Years

1914. 1904-1913.

Total number of deaths in Rhondda

from Zymotic Diseases ... 282 360

Zymotic Death-rate for Rhondda ... 1.7 2.6

Under the term “ Zymotic Diseases ” are grouped the following:—Small-pox, measles, scarlet fever, diphtheria, whooping cough, typhoid and other continued fevers, and diarrhœa.

The main cause of the comparatively wide fluctuations noticeable in the zymotic death rates of the Rhondda in past years has been the difference in the degree of prevalence of diarrhœa, which again is largely dependent upon the meteorological conditions prevailing during the warmer seasons, hot and dry summers being usually attended by great prevalence of flies, dust, and other agents instrumental in the propagation of disease.

The total number of deaths due to the seven zymotic diseases in the Rhondda in 1914 amounted to 282, equivalent to a rate of 1.7 per 1,000 of the population. This rate, with the single exception of that pertaining to 1910, is the lowest since 1895, and is 0.9 per 1,000 lower than the average for the ten previous years. As usual diarrhœa contributed the largest number (103) to the total of 282, measles coming next with 84 fatalities (see Appendix, Table 12).

Wards 8, 7, and 2, with zymotic rates of 1.1, 1.3. and 1.4 per 1,000 respectively possessed the lowest zymotic death-rate in the district, and wards 1, 5, and 10, the highest, each with a rate of 2.0 per 1,000 living (Table 15).

SMALL-POX.

No case of small-pox occurred in the district during the year, this being the ninth year in succession for the district to show entire freedom from unequivocal cases of this disease.

MEASLES.

			Average for Ten Years
			1914. 1904-1913.
Number of Deaths ...	...	...	84 78
Death-rate per 1,000, Rhondda	...	52	.54
„ „ 97 Great Towns...		.35	
„ „ England & Wales		.24	.31

The total number of deaths from this disease in the course of the year amounted to 84, as compared with an average of 78 for the decennium 1904-1913, and the corresponding death-rates from this disease were .52 and .54 per 1,000 respectively, so that the prevalence of measles in 1914, judged from the resulting mortality, closely approached the average for the last 10 years. Although measles is not at present a notifiable disease, its importance is indicated by the fact that it accounted for a larger number of deaths than any one of the diseases that are notifiable. No attempt has until lately been made to make it generally notifiable because of the difficulties in exercising an effective control over the disease on account of its distinctive features in regard to its symptoms, degree of infectivity, and mode of spread. It is probable, however, that if the measures adopted be sufficiently thorough in their character, and applied with promptitude, very considerable results would be attained, and it is to be hoped that full advantage will be taken by the Council of the proposals recently made by the Local Government Board with regard to the notification of and consequential measures relating to this as well as other diseases such as whooping cough and German measles. Such steps would have at the least the effect of impressing parents with the seriousness of the disease and its complications, while early and reliable information as to its first appearance in a locality would make possible the prompt adoption of such preventive measures as may be available.

As regards the local incidence of measles, it will be seen on reference to Table 14 that Wards 3, 10, 2, and 5, with 16, 14, 11, and 10 deaths respectively were most implicated, whereas no death from measles occurred in Ward 8, and only one in Ward 7, in the course of the year,

SCARLET FEVER.

			Average for Ten Years
			1914. 1904-1913.
Number of cases	...	...	825 669
Number of deaths	...	...	10 16
Death-rate per 1,000, Rhondda	...	...	.06 .11
„ „ 97 Great Towns...			.09
„ „ England & Wales			.08 .08

The prevalence of scarlet fever was considerably less during 1914 than in the previous year, the respective totals having been 825 and 939, or a decrease of 114.

While the number of cases notified is the lowest since 1909, it exceeds the average for the previous ten years by 156, the years 1904 to 1908 inclusive having been exceptionally free from scarlet fever.

The mortality rate,—.06 per 1,000—is less by .08 than that for 1913, and shows a decrease of .05 per 1,000 when compared with the average of the similar mortality rate for the ten years.

Ten deaths occurred during the year, the average for the previous ten years being 16, and on only three occasions (1906, 1907, and 1908) have fewer deaths been registered from this disease for over 20 years.

The case-mortality of 1.2 per cent. is the lowest so far recorded for the Rhondda.

The rate of incidence of the disease upon the population was 5.1 per 1,000, as compared with 5.94 per 1,000 in 1913; the rates for the whole of England and for Wales were 4.4 and 5.4 respectively.

As regards the age incidence of the disease, 423, or more than 51 per cent. of the total number of cases, were aged from 5 to 12 years, the period of greatest incidence thus practically coinciding with the usual school age,

The heaviest fatalities occurred in the second or third years of life, with case-mortalities of 3.7 and 4.4 per cent. respectively.

During the year, 239 cases of scarlet fever were removed to the Isolation Hospital, this being 28.9 per cent. of the cases notified.

There was considerable variation in the incidence of the disease on the population of the different wards, as shown by the notification returns for each ward. Wards 9 and 10 suffered most with 177 and 169 cases respectively, while Ward 6, with 30 cases, was the least affected. (Table 19).

The ratio borne by the secondary cases to the total number of cases notified during the year was 18 per cent., as compared with 24, 25, 21, 23, 26, 21, 21, 22, 21, 22, and 19 for the years 1903 to 1913 inclusive.

In accordance with the figures obtained in previous years, the average number of persons per house in scarlet fever infected houses was found to be greater than that found for the whole district in the census enumeration of 1911, the respective figures being 6.5 and 5.8.

Statistics bearing upon scarlet fever will be found in Tables 12 to 17, Tables 19 to 25, and Tables II. and III. in the Appendix.

DIPHTHERIA.

				Average for Ten Years
				1914. 1904-1913.
Number of cases	...	...	...	224 183
Number of deaths	...	...	...	36 27
Death-rate per 1,000, Rhondda	...	...	...	.22 .18
„	„	97 Great Towns...	...	.16
„	„	England & Wales	...	.15 .14

During the year 224 notifications of Diphtheria were received, and with the exception of the number (306) for

the previous year, is the largest total recorded in any year since 1903.

There occurred 36 deaths from this disease during the year, this number being fewer by 17 than in the previous year, but it will be noticed from the table given above that the number of cases, the number of deaths, and the death-rate per 1,000 still compare unfavourably with the averages of the corresponding figures for the previous ten years, though they show considerable improvement when compared with those for 1913.

The incidence of diphtheria was highest in January with 34 notifications, and lowest in August, which had a total of 7 cases.

Wards 9, 10, and 5, with 44, 34, and 30 cases respectively, were most implicated, and Ward 3, with 7 cases, had the cleanest record.

As regards the age incidence of the disease, 116, or 51 per cent., of the total cases were aged from 5 to 12 years, while practically 90 per cent. of the cases were under 12 years of age.

The heaviest fatalities occurred in the first, third, fourth, and fifth years of life, with the respective case-mortalities of 75, 26.7, 29.6, and 39.1 per cent., the case-mortality for all ages being 16.0 per cent., or 1.3 less than in the previous year (Table 29).

The disease is most fatal among young children, no deaths having occurred after the 12th year.

The percentage of secondary to the total number of cases, which was 5.2 in 1913, increased to 7.6 in the year under review. While this figure probably indicates a greater infectivity in the type of the disease, the decrease in case-mortality points to a somewhat diminished virulence,

Table showing the percentage of secondary to the total number of cases notified since 1898.

Year.		Total Cases.		Primary Cases.		Proportion of Secondary Cases to Total.
1898	...	883	...	629	...	28.7 per cent.
1899	...	1,804	...	1,288	...	28.6 ,,
1900	...	1,102	...	855	...	22.4 ,,
1901	...	1,128	...	905	...	19.7 ,,
1902	...	757	...	624	...	16.2 ,,
1903	..	327	...	286	...	12.5 ,,
1904	...	214	...	196	...	8.4 ,,
1905	..	139	...	124	...	10.8 ,,
1906	...	194	...	181	...	6.7 ,,
1907	...	177	...	164	...	7.3 ,,
1908	...	185	...	175	...	5.4 ,,
1909	...	177	...	173	...	2.3 ,,
1910	...	106	...	100	...	5.7 ,,
1911	...	126	...	119	...	5.6 ,,
1912	...	205	...	184	...	10.2 ,,
1913	...	306	...	290	...	5.2 ,,
1914		224		207		7.6 ,,

The average number of persons per house in diphtheria-infected houses exceeded the average number for all the houses in the district as ascertained by the census enumeration in 1911, the respective totals being 6.7 and 5.8.

During the year 89 cases of diphtheria were removed to hospital, this being 39.7 per cent. of the cases notified.

For further statistics relating to Diphtheria, see Tables 12 to 17, 26 to 32, and Tables II. and III. in the Appendix.

TYPHOID FEVER.

				Average for Ten Years
				1914. 1904-1913.
Number of cases	...	...	...	23 135
Number of deaths	...	...	...	5 18
Death-rate per 1,000, Rhondda	...	...	...	.03 .13
„ „ 97 Great Towns...	...	...	...	.04
„ „ England & Wales	...	...	...	.05 .07

During the year there were notified 23 cases of Typhoid Fever in the district as compared with 50 in the previous year, the former being the lowest annual number ever recorded for the Rhondda.

The rate of incidence of the disease on the population of the district was .14 per 1,000, the rates for England, Wales, and England and Wales combined being .23, .17, and .24 respectively.

Five deaths from typhoid fever occurred in the course of the year, this number being equivalent to a death-rate of .03 per 1,000 of the living population, and a case-mortality of 21.7 per cent.

The number of cases, the number of deaths, and the death-rate per 1,000 are approximately one-sixth, one-fourth, and one-fourth of the averages of the totals for the ten previous years. The typhoid mortality-rate in the Rhondda was lower than those for the 97 Great Towns and England and Wales by .01 and .02 respectively.

Of the notified cases, 16, or 70 per cent., were removed to the Council's Hospital.

With the exception of December, no month was free from cases of typhoid fever, but it was slightly more prevalent in January and November than at any other time. Wards 7, 5, and 9, with 7, 4, and 4 cases

respectively were most affected, and no case occurred in Ward 4.

The average number of persons per house in which typhoid fever appeared was found to be 7.3 as compared with 5.8, which was the average per house for the whole district found in the census enumeration of 1911.

Further statistics relating to typhoid fever will be found in Tables 12 to 17, 33 to 38, and II., and III. in the Appendix.

Cerebro=Spinal Fever and Acute Poliomyelitis.

There was no notification of either of these two diseases, both of which are now compulsorily notifiable, received in the course of the year 1914.

WHOOPING COUGH.

			Average for Ten Years
			1914. 1904-1913.
Number of Deaths ...	...	...	44 39
Death-rate per 1,000, Rhondda	...	...	.27 .28
„ „ 97 Great Towns...	...	...	.25
„ „ England & Wales	...	...	.21 .24

The mortality from whooping cough in the district throughout the year was closely approximate to the average rate for the previous years and slightly higher than the rate belonging to the 97 Great Towns. Whooping cough is not infrequently a disease of long duration in the course of which chest complications are apt to arise and to cause an unfavourable issue. Assiduous care extending over the whole period of susceptibility would doubtless serve to ward off many of these dangerous complications and consequent fatalities. Under the present conditions however, the disease not being compulsorily notifiable, the necessary information on which one might act with a

view to the prevention of further cases as well as the intervention of other diseases is not obtainable.

Ward 2 was the only locality in the district which contributed no fatality from whooping cough in the course of the year (Table 15).

DIARRHŒA.

		Average for Ten Years	
		1914.	1904-1913.
Number of Deaths ...	...	103	183
Death-rate per 1,000 Rhondda	...	.62	1.28

In the course of the year 103 deaths were attributed to diarrhœa, this number being equivalent to a death-rate of .62 per 1,000 of the population. The number of deaths and the resulting death-rate are lower than the corresponding figures in all years since 1897, with the single exception of those belonging to 1912, and are respectively 80 and .66 below the averages for the quinquennium 1904-1913.

Much of the relative immunity from diarrhœa of the district as well as of the country generally in the course of the summer and autumn was doubtless attributable to the absence of any long periods of heat and drought and their concomitant evils, such as excess of flies and dust. July and August were marked by heavy and well-distributed rainfalls, any prolonged absence of rain being limited to the end of September and beginning of October, when the less direct heat in the day and the longer nights helped to reduce the ill-effects of the drought, but even so 47 out of 103 deaths from diarrhœa, or 45 per cent. of the total for the year, occurred during the five weeks ended the 3rd of October.

Below is given a table showing the number of deaths from diarrhœa of infants under one and the resulting

rates in Ystradylfodwg and in the rest of the district during 1901 to 1914 inclusive :—

Year.	Sub-District.		No. of Deaths Death-rate of Children per No. of under one 1,000 Births. from Diarrhœa. Births,		
1901	Ystradylfodwg	...	3,599	267	74
	Rest of District	...	987	57	58
1902	Ystradylfodwg	...	3,880	85	22
	Rest of District	...	1,057	23	22
1903	Ystradylfodwg	...	3,789	81	23
	Rest of District	...	1,108	21	19
1904	Ystradylfodwg	...	3,819	178	46
	Rest of District	...	1,041	33	31
1905	Ystradylfodwg	...	3,687	123	33
	Rest of District	...	977	49	50
1906	Ystradylfodwg	...	3,824	161	34
	Rest of District	...	927	29	31
1907	Ystradylfodwg	...	3,854	104	27
	Rest of District	...	981	19	19
1908	Ystradylfodwg	...	4,343	281	65
	Rest of District	...	1,111	38	34
1909	Ystradylfodwg	...	4,405	144	33
	Rest of District	...	1,172	30	26
1910	Ystradylfodwg	...	4,381	74	17
	Rest of District	...	1,247	20	16
1911	Ystradylfodwg	...	4,277	200	47
	Rest of District	...	1,214	46	38
1912	Ystradylfodwg	...	4,114	30	7
	Rest of District	...	1,122	9	8
1913	Ystradylfodwg	...	4,358	119	27
	Rest of District	...	1,121	13	12
1914	Ystradylfodwg	...	4,314	67	16
	Rest of District	...	1,227	16	13

NOTE.—No cards issued in 1901.

Cards distributed in Ystradylfodwg only in the years 1902-9 (8 years).

Distribution discontinued from the 30th June, 1909.

It may be added that from 1909 to the beginning of 1912, the two health visitors first appointed devoted most of their efforts to the prevention of mortality from diarrhœa and other diseases in infants in a portion of the district, with a result discussed in previous annual reports (1911, &c.).

PUERPERAL FEVER.

			Average for Ten Years
			1914. 1904-1913.
Number of cases	... ..	... 20	18
Number of deaths	... ..	... 7	8
Death-rate per 1,000, Rhondda		... .04	.06

In the course of the year, 20 cases of Puerperal Fever were notified, and resulted in 7 deaths, which gave a death-rate of .04 per 1,000 of the population.

While the number of cases is the same as in the previous year, the death-rate per 1,000 is reduced by one half, and the number of deaths in nearly the same proportion.

This death-rate is less than the average of the death-rates for the last decennium by .02, and comparing the average annual death-rates of the last decennium with that of the decennium immediately preceding, we find that the former is less than the latter by .07, the respective figures being .06 and .13 (Table 42).

The Medical Officer of Health for the County of Glamorgan has from the beginning carried out the necessary supervision in connection with cases of puerperal fever on behalf of the County Council, which is the supervising authority for the whole of the Administrative County of Glamorgan under the Midwives Act, 1902, which became operative on the 1st of April, 1903.

The Health Department of the Rhondda Council, however, carries out certain duties under the Act, especially

in connection with the disinfection of clothing, instruments, and persons, of midwives in attendance on notified cases of puerperal fever.

TUBERCULOSIS.

For administrative and other purposes a broad distinction has usually been drawn between the pulmonary and all other forms of tuberculosis, but on February 1st, 1913, The Public Health (Tuberculosis) Regulations, 1912, became operative, and provide, with certain exceptions specified in Article XIV. of the Regulations, for the notification of all forms of tuberculosis by medical practitioners, school medical officers, and medical officers of Poor Law Institutions and Sanatoria. Prior to the above date only the pulmonary form of the disease was compulsorily notifiable throughout the country, but the three Orders previously in force ceased to have effect and were superseded by the Order which became operative on February 1st, 1913, and which, although of wider scope, served to simplify the procedure previously followed in notifying tuberculous cases, the number of forms being thereby reduced from seven to four.

PULMONARY TUBERCULOSIS.			Average for Ten Years
	1914.	1904-1913.	
Number of cases	290		
Number of deaths	126		105
Death-rate per 1,000 ... ..	.77		.74

During the year 290 notifications of the pulmonary form of tuberculosis were received, and 126 deaths were certified as having occurred therefrom, the resulting death-rate being .77 per 1,000 of the population.

Although the number of cases notified is less by 12 than that for the previous year, the number of deaths is 3

higher, and the death-rate .01 higher than the corresponding figures for the previous year.

Wards 2, 9, 10, and 1, with 18, 18, 15, and 14 deaths respectively, were the localities most implicated, and Wards 5, 6, and 3, with 6, 8, and 9 fatalities respectively, contributed the fewest number of deaths.

The incidence of the disease upon the various classes of the community is shown in Table 44 in the Appendix.

NON-PULMONARY TUBERCULOSIS.

	1914.
Number of cases	117
Number of deaths	30
Death-rate per 1,000 ... ..	.18

The total number of cases of all forms of tuberculosis other than the pulmonary received in the course of the year 1914 amounted to 117, as compared with 121 in the previous year. The number of deaths and the resulting death-rate amounted to 30 and .18 per 1,000 respectively, whereas the corresponding figures for 1913 were 50 and .31.

The measures taken to combat tuberculosis in the district conform in the main with those adopted throughout the greater portion of Wales and Monmouthshire, and differ materially from those in vogue in England, the difference arising from the formation and establishment by Royal Charter of the Welsh National Memorial Association, which had its beginning in some generous benefactions on the part of Mr. David Davies, Llandinam, and family. The "sanatorium benefit" provisions of the National Insurance Act, 1911, are now being in part administered in Wales and Monmouthshire by the Association by arrangement with the Welsh Insurance

Commissioners, the Counties (except Pembrokeshire), and County Boroughs. Provisions for the direct treatment of cases of tuberculosis are thus dependent upon the Association and the medical practitioners in each district, the treatment being carried out at the patients' own homes, local tuberculosis dispensaries, residential hospitals, or sanatoria, in accordance with the nature and circumstances of each case, while the other and more preventive duties in the direction of disinfection, ventilation, and rational mode of living at the homes, improvement of the environment, control of milk and other foods, &c., are attended to by local sanitary authorities. In the Rhondda three local dispensaries have been established by the Association, and some beds in certain hospitals and sanatoria are available for suitable cases, but no effective measures have yet been taken to provide locally for the hospital treatment of the many cases who cannot be adequately treated at their own homes, and who require educative training in how best to live and let live under the circumstances arising from their condition.

OPHTHALMIA NEONATORUM.

			1914.
Number of cases (in 9 months)	...	...	34
Rate per 1,000 births per annum	...	...	8.1

Ophthalmia Neonatorum is defined in the General Order dated February 5th, 1914, making the disease compulsorily notifiable from April 1st, 1914, as "a purulent discharge from the eyes of an infant, commencing within 21 days of the date of its birth."

The obligation to notify rests upon medical practitioners and certified midwives, provided the practitioner or midwife in attendance is not aware that the case has already been notified.

In the course of the last 9 months of the year 34 notifications were received, the first case having been notified on the 4th of April. Twenty-four of the notifications were sent by medical practitioners and the remaining ten by midwives.

All the cases were visited by the health visitors as soon as practicable after the receipt of the notifications, and detailed advice, and, wherever required, active assistance were given to the mother or other person in charge of the child. In a large proportion of cases (41 per cent.) there was definite history that the mother suffered from a local disease, the existence of which was a strong exciting cause of the ophthalmia, and in 3 more instances the mother suffered from ill-health of a more general character. Three of the affected children died before the eyes could be cured, and in all the other cases save one a complete cure was effected before the health visitors ceased attending, the single exception being returned as "much improved." The longest period recorded for which attendance became necessary was just over 4 months from the day of onset of the disease. The health visitors were provided with information concerning the nature, cause, prevention, treatment, and possible consequences of the disease, and the good results above recorded indicate that the application of the knowledge was uniformly helpful.

INFLUENZA.

1914.

Number of Deaths	...	...	...	...	18
Death-rate per 1,000, Rhondda	...	...	...	...	.11

During the year under review, 18 deaths were registered as due to this disease, as compared with 9, 14, and 18 in the years 1911, 1912, and 1913 respectively. The death-rate arising from the 18 deaths amounts to .11 per 1,000 of the population.

Each of the Wards excepting 3, 4, 5, and 6 contributed to the fatalities, Ward 10, with 5 deaths, providing the largest number.

COLLIERY FATALITIES.

The number, 68, is equivalent to a death-rate of .41 per 1,000, the fatalities being due to minor causes, such as falls of roof. This number is the highest for the last nine years, the average for that period being exceeded by 11.

INQUESTS.

Total, 166—equivalent to a death-rate of 1.02 per 1,000. If the accidents associated with the collieries be excluded the number falls to 98, or .60 per 1,000 (Table 45).

THE TYNTYLA ISOLATION HOSPITAL.

ACCOMMODATION. The accommodation for patients remains the same as in the previous year, and provision is made for the treatment of three diseases at the same time. The usual allocation of the beds is as follows:—

	Ordinary Beds.		Observation Beds.
Diphtheria	20	...	2
Typhoid Fever	20	...	2
Scarlet Fever	34	...	2
	—		—
	74		6

In the case of each disease two beds can be used for observation without bringing the patients into close association with the patients in the main wards.

There is, in addition, accommodation at the old hospital for ten cases, and it has been necessary to utilise it on several occasions for the purpose of isolating cases of mixed infection.

The total number of patients received into and treated in the hospital in the course of the year amounted to 344, whereas the numbers for the five preceding years were 198, 324, 231, 385, and 441 respectively.

The following table furnishes a summary of the number of cases treated, the number of deaths, and the fatality in respect of each of the diseases treated at the hospital during 1914.

		No. of Cases		No. of Deaths		Mortality per cent.
Diphtheria	...	89	...	6	...	6.7
Typhoid Fever	...	16	...	*3	...	18.7
Scarlet Fever	...	239	...	3	...	1.2

*Including one death from lobar pneumonia, in which case close observation afforded no satisfactory evidence that typhoid fever was present.

As compared with the previous year, the number of cases admitted into the hospital in the course of 1914 was lower by 97, partly owing to the diminished prevalence in the district of all the diseases treated at the hospital, and partly on account of the necessity to place the several portions of the institution successively at the disposal of contractors engaged at the hospital during the latter half of the year. There were two separate contracts, one being concerned with a number of minor repairs and general painting (except the interior of Pavilions I. and IV.) required throughout the institution, and the other with the installation of the necessary plant preparatory to supplying the hospital with electricity, it being anticipated that the Council themselves would be in a position to provide the electricity for the purpose, about the end of the year. Neither contract had been quite completed before the expiration of the year under review,

Below a table is given to show the mortality-rate of hospital-treated as compared with that of home-treated cases, and the case-mortality for the whole district.

	Whole District.			Hospital Cases.			Rest of District (Hospital excluded).		
	Cases	Deaths	Mortality per cent.	Cases	Deaths	Mortality per cent.	Cases	Deaths	Mortality per cent.
DIPHTHERIA (including membranous croup ...	224	35	15.6	89	6	6.7	135	29	21.5
TYPHOID FEVER (including continued fever) ..	23	5	21.7	16	3	18.7	7	2	28.6
SCARLET FEVER ...	825	9	1.1	239	3	1.2	586	6	1.0
	1072	49	4.6	344	12	3.5	728	37	5.1

Each Ward contributed to make up the total number of patients admitted to the hospital.

	Diphtheria		Typhoid Fever.		Scarlet Fever.	
Ward 1 contributed	...	2	...	1	...	18
„ 2 „	...	6	...	1	...	22
„ 3 „	...	4	...	1	...	10
„ 4 „	...	8	...	0	...	12
„ 5 „	...	7	...	2	...	15
„ 6 „	...	13	...	4	...	15
„ 7 „	...	7	...	2	...	15
„ 8 „	...	8	...	2	...	17
„ 9 „	...	24	...	2	...	71
„ 10 „	...	10	...	1	...	44
Totals		89		16		239

The average time spent in hospital by recovered cases was 47 days in the case of diphtheria (the extremes varying from 20 to 121 days), 47 days in the case of typhoid fever (between limits of 16 and 97 days), and 43 days in the case of scarlet fever (the extremes varying from 10 to 112 days),

Of the cases which terminated fatally, the average time in hospital was 5 days in typhoid fever, and 11 days in scarlet fever. In the case of diphtheria the average time was 11 days (two cases lived for a few minutes and one hour respectively, and the remainder for 4, 6, 16, and 39 days respectively).

The maintenance rate for the year amounted to £1 7s. 7.2d. per patient per week, exclusive of certain sums for the renewal of furniture, linen, and other goods, and for painting and repairing a large portion of the institution. If these sums be included the rate is thereby raised to £2 0s. 5.3d. The cost of these items, however, does not exclusively or chiefly belong to the year under consideration, but should be borne to a proportionate extent by a number of the succeeding years. The rate is increased also by the necessity to place a number of the blocks at the disposal of the contractors during a portion of the year, the total accommodation and the number of patients admitted being reduced in consequence. The total expenditure and the consequent rate per patient were also unfavourably affected by the increase during the portion of the year subsequent to the outbreak of war on the 4th of August, which characterized the prices of the large majority of the goods with which the hospital has to be provided at frequent intervals.

	£	s.	d.
Salaries and Wages	912	8	6
Health Insurance Contributions	17	9	6
Bread	76	19	9
Eggs	15	15	6
Fish	48	4	4
Vegetables	86	9	11
Milk	226	11	0
Meat	348	9	3
Groceries	314	9	8
Coal, Coke, and Firewood	252	4	11
Gas	221	15	1
Water	89	16	9
Carried Forward	£2,610	14	2

	£	s.	d.
Brought Forward	2610	14	2
Gas and Water Renewals and Repairs ...	5	2	9
Stationery, Printing, &c. ...	27	7	2
Stimulants (Brandy, &c.) ...	13	8	6
Horse Feed, Shoeing, Saddlery, &c. ...	47	12	6
Horse Hire	0	18	0
Drugs, Instruments, &c. ...	84	14	8
Soap, Brushes, &c. ...	28	12	10
Crockery, Drapery, &c. ...	14	13	9
Ironmongery	10	0	2
Methylated Spirit, Turpentine, &c. ...	12	6	9
Advertisements	10	4	7
General District Rate	30	12	9
Poor Rate	46	13	4
Postage and Carriage	3	3	1
Ambulance Repairs	1	17	0
Machinery Renewals and Repairs ...	12	2	9
Boiler Insurance	3	17	4
Telephone Charges (Maintenance, &c.) ...	19	10	10
Chimney Sweeping	1	17	6
Ash Poles (Tree supports)	8	13	4
Kitchen Garden (Seeds, &c.) * ...	0	7	7
General Repairs	3	12	6
Sundries	0	2	10
	£2,998	6	8

The exceptional expenditure referred to above as having been incurred in the course of the year 1914 is set out in the subjoined table:—

I. Cohen, for General Repairs and Painting	£520	0	0
W. D. Morgan, Commission on above ...	26	0	0
Collings-Bishop, for Electrical Installation...	200	0	0
A. Cule & Sons, Drapery Contract ...	291	3	5
Morgan & Co., do. ...	117	10	0
E. H. Davies & Son, Mattresses, Pillows and Ticking	11	6	8
James Howell & Co., Ltd., Drapery Contract	229	19	9
	£1,395	19	10

The changes in the established residential staff were few in the course of the year, which proved an exceptionally exacting one from the administrative aspect, as much attention had to be given to the best means of meeting the requirements from time to time of the contractors engaged on the premises at least cost to the accommodation of the hospital and its consequent utility to the district. Much of the success which may have been attained in these as in other matters tending to the promotion of the best interests of the institution was attributable to the never-wearying and solicitous efforts of Miss R. E. Smith, the Matron, while the continuance of the relatively successful character of the treatment was mainly due to Dr. J. P. H. Davies, supported by a loyal nursing staff, upon whom devolved the greater share in the actual attendance upon the patients.

PENRHYS ISOLATION HOSPITAL.

This hospital is of a "temporary" character in its construction and is situated on Cefn Penrhys, which is the ridge, nearly 1,000 feet high, separating the two valleys from each other. It has been designed in four blocks consisting of administrative, laundry, and two ward blocks, the latter providing accommodation for four and sixteen patients respectively. The administrative block gives accommodation to a resident caretaker and his wife as well as several bedrooms to the nursing staff when required. The buildings are heated by a low-pressure steam system, the ventilation is dependent upon "natural" means by windows and Tobin's tubes, the institution is drained into the general sewage system of the district, water is supplied by means of a pump placed at the lower (Tyntyla) hospital, the water being derived from the Council's mains and stored in a tank placed in a tower at a sufficiently high elevation to permit distribution to take place by gravitation, and the various

buildings are lighted by means of gas supplied from the Council's main works.

Owing to the absence of small-pox from the district there was no necessity to use the hospital for the accommodation of cases of this disease throughout the year.

SCAVENGING AND REFUSE DISPOSAL.

There was no change adopted in the course of the year in the method of dealing with house refuse throughout the district, nor was it found expedient to increase the area scavenged by the Council by direct labour. Of the 28 sub-districts into which the Urban area is divided, 4 are being scavenged direct by the Council, and the remaining 24 by contract. Sub-districts 19, 20, 21, and 22, comprising the localities known as Trehafod, Britannia, Porth, Ynyshir, and Cymmer are now being scavenged by direct labour, contain over 4,000 houses, and thus form approximately one-seventh of the whole district.

A daily collection of refuse is in vogue throughout the district, except in a few instances of outlying farms and cottages.

Owing to the conditions produced by the war, it became more difficult for many of the contractors to faithfully and thoroughly meet their obligations under their annual contracts, horses of the required class having become almost unobtainable, and fodder having also risen very much in price. It consequently became necessary to relax to some extent the stringency of the scavenging regulations relating to the punctuality, regularity, and thoroughness with which the scavenging was carried out, so that during the year under review the degree of the superiority of the scavenging as carried out by the Council, which was noticeable even in former years, became more pronounced than ever.

Some of the remarks made in the report for 1913 concerning the character of the receptacles used by householders are still applicable, and are here reproduced:—

“ Although the Council possess powers to require the occupier of any dwelling-house to provide receptacles of such size and construction as may be approved by the Council, no steps have yet been taken to enforce these powers, with the consequence that an extraordinary assortment of generally unsuitable appliances are utilized for the temporary storage of house refuse, the most common forms consisting of uncovered buckets, wooden boxes, baskets, paper bags, and even open newspapers. It will be realized therefore that under these conditions and with the assistance of the many uncontrolled bipeds and quadrupeds using the highways on which the refuse thus contained is temporarily placed to await collection by the scavengers, some inconvenience, annoyance, and risk are caused to the public by the unclean and littered condition attained by our streets under these circumstances. Irregular habits on the part of householders also lead to deliberate but surreptitious dumping of refuse of all kinds in back lanes, waste spaces, and water courses in close proximity to dwelling houses.”

Much of the time of some of the sanitary inspectors was devoted to attempts to check this objectionable practice in the course of the year, but warnings and personal appeals proving of little or no avail, legal proceedings were resorted to in some instances with satisfactory but probably temporary effect.

Progress was made in the course of the year with the erection of the destructor and electricity works at Dinas, the necessary Parliamentary powers having been obtained by the Council in their Act of 1911, and it is confidently expected that the works will be available for practically the whole of 1915. The destructor is designed to burn

82 tons of refuse per day, and will therefore meet the needs in this direction of only about one-third of the whole area. The refuse from the greater portion of the district will continue to be deposited on 9 or 10 sites situated practically in the midst of large collections of houses, to the occupiers of which dumped refuse is or will be a source of annoyance, nuisance, and danger to health. It is therefore necessary to urge upon the Council the importance of securing sites, especially in the Rhondda Fach and the upper end of Rhondda Fawr where such sites will undoubtedly be needed, either for the adoption of arrangements designed to provide for the haulage of the refuse for long distances to the existing and future destructors, or for the erection of additional destructors at suitable centres. It is expected that in the course of 1915 the question of whether the erection of more destructors or the long-distance haulage of the refuse, combined with an extension of the present destructor, will be the better plan for adoption, will be fully considered and determined.

The total cost of collection of house refuse and of its conveyance to the various tips amounted during the year 1914-15 to £9,910 12s. 2d., including the cost of scavenging districts 19, 20, 21, and 22, which are scavenged by the Council by direct labour. This amount is equivalent to an expenditure of 7/0.9 per house, as compared with 5/6, 4/-, 4/4, 4/6, 6/10.7, 4/10, 5/2, 5/3.4, 4/9.4, 6/2.1, and 7/0.4 for the years 1903-4 to 1913-14, respectively. The chief factor in determining the variation in cost from year to year has been the proximity of the tips in use to the larger centres of population. It will be noticed that 7/0.9 per house, the amount expended during the year under review, is the highest yet recorded.

Owing to the daily method of scavenging in use the provision of large ashbins or ashpits is unnecessary, this form of receptacle being practically limited to public

buildings such as schools and a few isolated groups of houses.

SEWERAGE AND DRAINAGE.

The sewage of the district is conducted by means of the Main Joint Sewer, owned by the Pontypridd and Rhondda District Councils, and laid in 1892, into the Bristol Channel about 4 miles east of Cardiff, the sewer in its course running a distance of $17\frac{1}{2}$ miles. Two years later (in 1894) a main sewer was laid in each of the Rhondda Valleys, the one sewer formed by their junction at Porth emptying into the joint sewer at the upper end of the Pontypridd Urban District.

Much difficulty is being experienced in maintaining the sewers in a proper and serviceable condition owing in part to the subsidences common in most portions of the district and in part to the damage caused to the sewers at situations where large masses of debris from collieries have been deposited over the sewers, the superincumbent weight serving to crush and displace sections of the underlying conduit. A considerable length of the sewer between Porth and Hafod has suffered damage owing apparently to subsidence, with the consequence that a large proportion of the sewage is at times caused to be diverted into the river. This circumstance has been the subject of formal complaints by those dwelling on or near the river banks below the point of entry of the sewage as well as by the Pontypridd Urban Council through miles of whose district the sewage-bearing river runs. At the time of writing it is expected that a Local Government Board Inquiry will soon be held with a view to sanctioning or disallowing the loan for which the Rhondda Council has applied to enable them to carry out a scheme, designed in the Surveyor's Department, and approved by Mr. Alford, which entails the laying of a new sewer along the river bed for a considerable length.

Very few houses are built on ground where it is not reasonably practicable to connect the drains of such houses with the sewerage system of the district. At Gilfach Goch, however, some of the houses, within the Rhondda area are drained into the sewers of the Llan-trisant Rural District Council, a similar arrangement having been mutually agreed upon both with regard to certain houses at Penrhiwfer within the Rural Authority's area as well as others at Edmundstown and Trebanog within the Urban District.

The drains of the great majority of the houses in existence at the time the two principal sewers were laid have now been connected, and new sewers are laid or the existing ones extended when the need arises to connect new houses. The number of houses still unconnected throughout the district is 306, as compared with 331 at the end of the previous year, and 4,290 in 1897. The distribution of those still remaining unconnected is shown in the subjoined table:—

Sanitary District No. 1 contains 29 unconnected houses.				
„	2	„	12	„
„	3	„	58	„
„	4	„	69	„
„	5	„	67	„
„	6	„	71	„

There remain two groups of dwelling-house premises which are still unconnected with the sewerage system of the district. One group consists of 50 houses, known as Bush or Cwmclydach Houses, Clydach Vale, which are provided with pail closets and a proper system of slop-sewage drains discharging into the brook. The pails are periodically emptied by the scavengers, the contents being deposited on the nearest house-refuse tip. The pail system was introduced in 1907 in substitution for the highly insanitary ash-middens which existed on these premises prior to that year. The second group consists of 40 houses

situated at Appletree, Dinas. At the time of writing the Surveyor to the Council (Mr. E. H. Barber) is considering the practicability of utilizing some of the steam available at the adjacent destructor and electricity works for pumping the sewage derivable from these houses to a height from which it will gravitate into the sewerage system of the district.

The extent and character of the means of excrement disposal throughout the Rhondda Urban District at the end of 1914 are set out in the appended table, which is a summarised compilation of the returns and reports furnished by the sanitary inspectors.

No. of Privies with fixed receptacles (middens, cesspits)	...	...	...	...	88
No. of Privies with moveable receptacles (pails)...					46
No. of Water Closets (fresh water cistern-flushed)					23,624
No. of Water Closets (waste water)	...		...		0
No. of Water Closets (hand flushed)	...		...		3,934

In the above table, no account is taken of supplementary water closets in better class houses, nor of those in schools, institutes, chapels, churches, halls, theatres, and other public buildings, so that the total aggregate given is considerably less than the number actually existing in the district.

Throughout the urban area there are only 134 closets which are not of the water-carriage kind, and the number is being gradually reduced, the reductions in the course of the year 1914 having consisted of seven, by the closure of an equivalent number of dwelling-houses. The majority of the houses now provided with cesspits or middens are isolated farms or cottages, none of which are situated on the gathering grounds of any important water supply.

COMMON LODGING HOUSES.

During the year two Common Lodging Houses have been added to the nine already situated within the Urban area, one at Gilfach Goch, giving accommodation for 21 lodgers; the other is situated at 46 and 47, Hendrecafau, Penygraig, and provides accommodation for 62 lodgers. At both premises extensive improvements and renovations were carried out to meet the requirements specified by the Council. These houses have met a demand on the part of persons of no fixed abode engaged in building operations in these localities, where such accommodation had not been previously provided.

Two hundred and seventy-one visits have been made to the eleven common lodging houses in the district by Chief Inspector J. Towy Thomas and Inspectors Jones and Owen in whose district they are situated. Where it was found necessary to serve notices to abate nuisances, all were complied with, without having to resort to legal proceedings. Speaking generally, the premises are kept in a satisfactory condition. All houses are licensed for a period of twelve months, in accordance with the provisions of the Council's private Act, 1905.

There are no registered houses let in lodgings throughout the urban area.

REPORTS DURING THE YEAR.

In addition to the ordinary statistical matter, the following subjects were dealt with in the reports placed before the Council during the year:—

Cellar Dwellings.

Children's Country Holidays.

Closing Orders in operation for three or more months.

Cwmparc Refuse Tip.

Determination of Closing Orders (5).

Fabrics (Misdescription) Act, 1913.

Foot and Mouth Disease.

General Death-rate for 1914.

Houses condemnable under Section 17 of the Housing,
Town Planning, &c., Act, 1909 (7).

Houses with a proper Water Supply (4).

Lighting of the Tyntyla Isolation Hospital.

Municipal Slaughter-houses (2).

Nutritive value of various Foodstuffs.

Penrhys Hospital.

Penygraig Housing Scheme.

Potato Wart Disease.

Prevalence of Diarrhœa.

Prevalence of Whooping cough.

Public Health (Ophthalmia Neonatorum) Regulations,
1914.

Recreation Ground, Ystrad-Rhondda.

Regulations under Section 17 of the Housing, Town
Planning, &c., Act, 1909.

Tyntyla Isolation Hospital.

Unoccupied houses, Penrhiwfer Road, Penrhiwfer.

Unconnected houses in Penygraig.

Water Supply of Llwynypia Terraces, Llwynypia.

UNSOUND FOOD.

The following were destroyed during the year:—

Beef	...	...	...	2,628 lbs.
Bovine Heads	...	...	...	48 „
„ Hearts	...	...	...	5 „
„ Livers	...	...	...	156½ „
„ Lungs	...	...	...	44 „
„ Udder	...	...	...	11 „
Mutton	...	...	...	20 „
Sheep's Liver	...	...	...	3 „
„ Lungs	...	...	...	12 „
Pork	...	...	...	798 „
Tripe	...	...	...	18 „
Pigs' Frys	...	...	...	36 „

Herrings	...	...	...	336 lbs.
Mackerel	...	...	...	100 „
Salt Fish	...	...	...	336 „
Onions	...	...	...	56 „
Potatoes	...	...	...	2,016 „
Plums	...	...	...	20 „
Eggs	...	...	...	800
Jelly	...	...	...	1 packet
Brawn	...	...	...	1 pot
Bilberries	...	...	...	1 bottle
Corned Beef	...	...	...	1 tin
Tongue	...	...	...	1 „
Rabbit	...	...	...	5 tins
Salmon	...	...	...	33 „
Sardines	...	...	...	4 „
Lobster	...	...	...	1 tin
Herrings	...	...	...	2 tins
Tomatoes	...	...	...	34 „
Apricots	...	...	...	6 „
Cherries	...	...	...	2 „
Peaches	...	...	...	3 „
Pears	...	...	...	9 „
Pineapple	...	...	...	19 „
Plums	...	...	...	1 tin
Syrup	...	...	...	1 „
Condensed Milk	...	...	...	17 tins

ADOPTIVE ACTS.

The Infectious Disease (Notification) Act, 1889; and The Infectious Disease (Prevention) Act, 1890, Part III., were adopted by the Rhondda Council from the 1st January, 1894, and the Notification of Births Act, 1907, from the 28th April, 1909.

It is very desirable that the adoption of at least portions of the Public Health Acts Amendment Act, 1907, be considered at an early date,

Police Court Proceedings.

Summary of Police Court Proceedings during 1914.

No.	COURT.	OFFENCE.	RESULT.
1	Ystrad	Failing to abate nuisances (4 houses)	Abated. Payment of costs
2	Ystrad	" " " "	" " " "
3	Ystrad	" " " "	Ordered to abate and to pay costs ...
4	Ystrad	" " " "	Abated. Payment of costs
5	Ystrad	" " " " (3 houses)	" " " "
6	Porth	Shop open after closing time ...	Fined 10/- and costs
7	Porth	Failing to abate nuisances ...	Ordered to abate and to pay costs. Daily penalty of 10/- after 7 days.
8	Ystrad	Casting refuse into rivers ...	Protection works executed. Summons withdrawn on payment of £5 5s. and costs.
9	Porth	Selling goods after closing time ...	Fined 10/-
10	Ystrad	Failing to provide seats for female shop assistants ...	Fined 20/-
11	Ystrad	Shop open on weekly half-holiday	Payment of costs, 7/-
12	Porth	Selling goods after closing time ...	Fined 10/-
13	Ystrad	Shop open after closing time ...	Payment of costs, 7/-
14	Ystrad	" " " " " "	Payment of costs, 7/-
15	Ystrad	Failing to abate nuisances (3 houses)	Abated. Payment of costs
16	Ystrad	" " " " (2 houses)	Fined 20/- and costs and ordered to abate within 28 days
17	Ystrad	" " " " (3 houses)	Abated. Payment of costs
18	Ystrad	Employing shop assistant on weekly half-holiday ...	Fined 10/-
19	Ystrad	Shop open after closing time ..	Dismissed
20	Porth	" " " " " "	Fined 10/-
21	Porth	Failing to abate nuisances (3 houses)	Abated. Payment of costs
22	Porth	" " " " " "	Fined £2 and ordered to abate
23	Ystrad	Selling goods after closing time ...	Fined 20/-
24	Ystrad	" " " " " "	Fined 5/-
25	Ystrad	" " " " " "	Payment of costs, 7/-
26	Ystrad	" " " " " "	Fined 10/-
27	Ystrad	Shop open after closing time ...	Fined 20/-
28	Ystrad	Failing to abate nuisances (2 houses)	Orders to abate and to pay costs
29	Ystrad	" " " " " "	Abated. Payment of costs.

Summary of Police Court Proceedings during 1914—*continued.*

No.	COURT.	OFFENCE.	RESULT.
30	Ystrad	Failing to abate nuisances (4 houses)	Abated. Payment of costs
31	Ystrad	Failing to abate nuisances ...	" "
32	Ystrad	" " " "	" "
33	Ystrad	" " " "	" "
34	Ystrad	" " " "	" "
35	Ystrad	Failing to exhibit notice re shop assistants' weekly half-holiday	Fined 10/- and costs
36	Ystrad	Failing to exhibit notice re hours of employment of a young person ...	Payment of costs, 7/6
37	Ystrad	Failing to exhibit notice re hours of employment of a young person	Payment of costs, 7/-
38	Ystrad	Failing to abate nuisances (7 houses)	Abated. Payment of costs
39	Ystrad	Employing shop assistant on weekly half-holiday ...	Dismissed
40	Ystrad	Failing to exhibit notice re mixed business	Payment of costs, 5/-
41	Porth	Shop open on weekly half-holiday	Fined 2/6
42	Ystrad	Employing a child after 9 p.m. ...	Fined 15/-
43	Ystrad	" " " " " "	Fined 15/-
44	Porth	Selling goods after closing time ...	Fined 10/-
45	Porth	Failing to exhibit notice re shop assistants' weekly half-holiday	} Fined £3
46	Porth	Failing to exhibit notice re hours of employment of a young person	
47	Porth	Failing to exhibit notice re mixed business ...	
48	Porth	Employing a young person for more than 74 hours in a week	
49	Porth	Employing shop assistant on weekly half-holiday ...	
50	Ystrad	Failing to abate nuisances (2 houses)	Abated. Payment of costs ...
51	Porth	Selling goods after closing time ...	Fined 20/-
52	Ystrad	Shop open after closing time ...	Payment of costs, 9/-
53	Ystrad	Failing to abate nuisances ...	Abated. Payment of costs
54	Porth	" " " " (3 houses)	" "
55	Porth	" " " " ...	" "
56	Porth	Tipping refuse into river ...	Payment of costs
57	Porth	" " " " ...	" " "
58	Porth	" " " " ...	" " "
59	Porth	Shop open after closing time ...	Fined 10/-
60	Porth	Selling goods after closing time ...	Fined 5/-
61	Ystrad	Failing to exhibit notice re shop assistants' weekly half-holiday	Fined 10/-
62	Ystrad	Selling goods after closing time ...	Fined 10/-

Summary of Police Court Proceedings during 1914—*continued*

No.	COURT.	OFFENCE.	RESULT.
63	Porth	Selling goods after time ..	Fined 10/- and costs
64	Ystrad	" " " " " " ..	Fined 10/-
65	Porth	Failing to abate nuisances ...	Abated. Payment of costs
66	Porth	" " " " " " ...	" " " " " "
67	Ystrad	Failing to exhibit notice re mixed business ...	Payment of costs, 5/6
68	Ystrad	Failing to exhibit notice re mixed business ...	Fined 20/-
69	Ystrad	Shop open after closing time ..	Fined 10/-
70	Ystrad	Selling goods after closing time ..	Discharged with caution
71	Porth	" " " " " " ..	Payment of costs
72	Porth	" " " " " " ..	" " " " " "
73	Ystrad	Failing to abate nuisances (2 houses)	Abated. Payment of costs
74	Ystrad	Failing to abate nuisances (2 houses)	" " " " " "
75	Ystrad	Failing to abate nuisances ...	Ordered to abate and to pay costs
76	Ystrad	" " " " " " ..	Abated. Payment of costs
77	Ystrad	" " " " " " ..	" " " " " "
78	Ystrad	" " " " " " ..	" " " " " "
79	Ystrad	" " " " " " ..	" " " " " "
80	Ystrad	Selling goods after closing time ...	Fined 20/-
81	Porth	" " " " " " ..	Fined 2/6
82	Porth	Failing to exhibit notice re assistants' weekly half-holiday	Fined 2/-
83	Ystrad	Selling goods after closing time ...	Payment of costs, 4/6
84	Ystrad	" " " " " " ..	Fined 20/- and costs
85	Ystrad	Wilfully obstructing shops Inspector ...	Payment of costs, 8/-
86	Ystrad	Selling goods after closing time ...	Fined 20/- and costs
87	Ystrad	" " " " " " ..	Fined 20/- and costs
88	Porth	Shop open on weekly half-holiday	Fined 20/-
89	Porth	Selling goods after closing time ...	Fined 15/-
90	Porth	" " " " " " ..	Payment of costs, 7/-
91	Ystrad	Employing shop assistant on weekly half-holiday ...	Payment of costs, 7/-
* 92	Ystrad	Selling china on fair ground after closing time for shops ...	Dismissed
93	Porth	Depositing refuse on lane ...	Bound over for 12 months
94	Porth	Casting refuse into stream ...	Payment of costs
95	Porth	Failing to exhibit notice re mixed business... ..	Fined 5/-
96	Porth	Selling goods after closing time ...	Fined 10/-
97	Ystrad	Depositing refuse on lane ...	Fined 10/-

Summary of Police Court Proceedings during 1914—*continued*.

No.	COURT.	OFFENCE.	RESULT
98	Ystrad	Depositing refuse on lane ...	Withdrawn, defendant having been called up for military service
99	Ystrad	Employing a child for street trading on Sunday ...	Payment of costs, 8/-
100	Ystrad	Employing a child for street trading on Sunday ...	Discharged with caution
101	Porth	Employing a child for street trading on Sunday ...	Dismissed
102	Porth	Selling goods after closing time ...	Payment of costs 7/-
103	Porth	Failing to exhibit notice re mixed business ...	Fined 20/- and costs
104	Ystrad	Selling goods after closing time ...	Fined 15/-
105	Ystrad	Shop open after closing time ...	Fined 15/-
106	Ystrad	Employing a child for street trading after 9 p.m. ...	} Fined 2/6
107	Ystrad	Employing a child for street trading after 9 p.m. ...	
108	Ystrad	Employing a child for street trading after 9 p.m. ...	
109	Ystrad	Employing a child for street trading after 9 p.m. ...	
110	Ystrad	Employing a child for street trading after 9 p.m. ...	Fined 5/-
111	Ystrad	Employing a child for street trading after 9 p.m. ...	Fined 5/-
112	Ystrad	Employing a child for street trading after 9 p.m. ...	Fined 15/-
113	Ystrad	Employing a child for street trading after 9 p.m. ...	Discharged with caution
114	Porth	Failing to exhibit notice re mixed business ...	Payment of costs
115	Porth	Slaughtering on unlicensed premises	Fined £3 and costs
116	Ystrad	Shop open on weekly half-holiday	Payment of costs 8/-
117	Porth	Employing a shop assistant on weekly half-holiday ...	Payment of costs 8/-
118	Ystrad	Selling goods after closing time ...	Fined 10/- and costs
119	Ystrad	Offering goods for sale after closing time ...	Discharged with caution
120	Ystrad	Failing to exhibit notice re shop assistants' weekly half-holiday	Fined 10/-
121	Ystrad	Failing to exhibit notice re shop assistants' weekly half-holiday	Fined 20/-
122	Ystrad	Failing to exhibit notice as to hours of employment of a young person	Discharged with caution
123	Porth	Selling goods after closing time ...	Fined 5/-
124	Porth	Failing to exhibit notice re shop assistants' weekly half-holiday	Fined 20/- and costs

Summary of Police Court Proceedings during 1914—*continued.*

No.	COURT.	OFFENCE.	RESULT.
125	Porth	Failing to exhibit notice re shop assistants' weekly half-holiday	Fined 20/- and costs
126	Ystrad	Employing a shop assistant on weekly half holiday	Fined 5/-
127	Ystrad	Selling goods after closing time ...	Fined 10/-
128	Ystrad	Employing a child for street trading after 9 p.m. ...	Fined 10/-
129	Ystrad	Employing a child for street trading after 9 p.m. ...	Fined 10/-
130	Porth	Employing a child for street trading on Sunday ...	Withdrawn, defendant having enlisted for military service
131	Porth	Employing a child for street trading on Sunday ...	Fined 5/-
132	Ystrad	Shop open after closing time ...	Fined 10/-
133	Ystrad	Failing to exhibit notice re shop assistants' weekly half-holiday	Fined 20/-
134	Porth	Selling goods on weekly half holiday	Discharged with caution
135	Porth	Wilfully obstructing shops Inspector	Payment of costs

* In addition to case No. 92 above, proceedings were taken in nineteen other cases of a similar character, but the summonses in these instances were withdrawn in view of the decision of the Bench to dismiss the case referred to on the ground that the sale was carried on in a fair lawfully held and was therefore exempted from the provisions of the Shops Act, 1912.

An analysis of the foregoing statement of Police Court Proceedings during the year shows that 77 actions were instituted for offences under the Shops Act, 32 for failure to abate nuisances (involving 59 premises), 17 for offences against the Employment of Children Act, 1903, and the Council's bye-laws thereunder, 5 for the pollution of rivers and streams, 3 for depositing refuse on roadways or lanes, and one case for slaughtering animals on unlicensed premises,

DISINFECTION.

During 1914 the methods of disinfection practised in the district closely followed those in use in previous years, in the reports for which they have been described. The steam disinfection for the district is carried out on the hospital premises, Ystrad, by means of an " Equifex " disinfector, textile and other articles capable of being disinfected in this way being brought to the hospital from infected houses for this purpose in special vans owned and run by the Council. After their disinfection, the articles are returned to the houses, the infected room or rooms having in the meantime been disinfected by means, usually, of formaldehyde gas in the presence of an excess of moisture.

WATER SUPPLY.

The water supply of the district as a whole is provided by two water authorities, the Council being responsible for the supply of the greater portion of the larger valley, and the Pontypridd and Rhondda Joint Water Board for the remainder of the urban area. The summer months of 1914 were marked by heavy rainfalls, the only periods of drought experienced throughout the year having occurred in the late spring and early autumn, so that there was no serious shortage of supply in the case of either of the two authorities mentioned. Moreover the Council had available for the first time the new Llyn Fawr Reservoir, water from which has been obtainable since April, 1914, and there was throughout the whole year an abundance of supply from this and the other sources for the portion of the area which the Council undertake to supply.

THE COUNCIL'S AREA OF SUPPLY. The area embraced by the Council's limits of supply amounts to 15,182 acres within which is situated the whole of the Rhondda Fawr

Valley above a line passing through Treallaw and Penygraig in Wards 6 and 7 respectively. Within this area are 15,095 dwelling-houses of which 13,299 are supplied from the Council's mains, the remainder receiving their supply from the various sources referred to below. Mr. Octavius Thomas, the Gas and Water Manager, has furnished me with the information that 148 new services were laid to dwelling-houses during the year 1914, 60 of them being required for old houses the water supply of which had been condemned as improper or insufficient by the Council. The consumption per head of the population was 20.17 gallons, of which .93 gallon was for trade purposes, all water supplied by meter being considered to belong to the latter category and therefore to include water supplied to schools and the fever hospitals.

The water is mainly derived from the uplands at the head of the larger valley, where the Rhondda Fawr river has its origin, and has hitherto served to supply only the Ty'nywaun Reservoir with a capacity of 7,000,000 gallons. In the course of the year under consideration however the Llyn Fawr Reservoir has become available for storage for the first time. This reservoir is situated on the other or distant side of the watershed, and possesses a very small gathering ground of its own. The excess of water available on the near or Rhondda side of the hill is however made to serve this reservoir to which the water is conducted by means of a pipe from Gareglwyd intake to the reservoir, a tunnel over a mile long having been formed for its passage. The same pipe also serves, by a reverse flow, for the supply of the Ty'nywaun Reservoir at which the sand filter beds are situated and which is on a lower level than Llyn Fawr. The capacity of the new reservoir is 202,000,000 gallons, of which 194,000,000 gallons are available and above the lowest outlet pipe. Its area is 25 acres, and its top water level is 1208 feet above O.D.

The water being mainly derived from the same source as in the old supply is very similar in its general features,

being soft and apt to possess the characteristics of water derived from peaty gathering grounds, and the Council have now under consideration the question of how best to counteract any plumbo-solvent property arising from this characteristic. The area of sand filters in use at present is insufficient to properly safeguard the interests of the consumers. The Council have already decided to increase the area of the beds at the works, and the importance of rendering effective without delay the decisions of the Council herein is urged upon those responsible for carrying those decisions into effect.

A considerable number of houses within the limits of the Council's supply still obtain water from sources other than those of the Council, the most important groups dependent upon distinct supplies being the following:—

- (1) Fifty houses at Fernhill.
- (2) Fifty-one houses in Caroline Street, Blaenrhondda.
- (3) Over 100 houses at Blaenrhondda.
- (4) Three groups at Cwmparc of about 400, 44, and 19 houses respectively, with separate sources of supply.
- (5) A small group at Ystrad.
- (6) About 300 at Llwynypia.
- (7) Nearly 1,000 houses at the upper end of Clydach Vale supplied by the Cambrian Colliery Co. Cwmclydach houses, 50 in number, and situated in this locality also derive their supply from private sources.

As serious objections to all these supplies may be mentioned the following shortcomings, the possession of one or all of which characterizes each one of the supplies:—Want of proper protection and uncertainty of the sources, periodical inadequacy, the storage in each instance being small in relation to the number of consumers, want of proper means of purification, and danger of pollution from the source to the consumers' premises. The most important among these supplies is that of the Cambrian

Colliery Company owing to the large number of consumers, and owing to the degree to which each of the objections enumerated is applicable to it. This supply also suffers from the evils resulting from an inefficient distribution, several of the streets in the higher elevations being very inadequately supplied. This supply has not been improved in any important particular in the course of the year and has been the source of many complaints.

THE SUPPLY OF THE PONTYPRIDD AND RHONDDA JOINT WATER BOARD. The Pontypridd and Rhondda Joint Water Board was formed by the Pontypridd and Rhondda Water Act, 1910, and is composed of representatives of the Pontypridd and Rhondda Urban District Councils. The Board acquired the water undertakings of the old Pontypridd Waterworks Company whose area of supply includes the Rhondda Fach Valley and the portion of the larger Rhondda Valley not supplied by the Council together with the valley formed by the junction at Porth of the other two valleys. The main works are situated at the head of the Rhondda Fach Valley, north-west of Maerdy where lie the Board's two storage reservoirs known as Lluestwen and Castellnos with the capacity of 200,000,000 and 20,000,000 gallons respectively. Filtration is carried on by means of various forms of pressure or mechanical filters, and the works include a plant for neutralizing the plumbo-solvent property possessed by the water derived from some very peaty portions of the Board's gathering ground. This treatment has served to greatly reduce if not eliminate this quality of the water distributed by the Board.

During the last year or two much has been done to improve the distribution at the higher levels by a readjustment of the mains so as to permit the water from the higher (Lluestwen) reservoir to supply the houses situated at the higher elevations in the area, such as Trebanog, Williamstown, and Edmundstown.

There are between 500 and 600 houses within the Board's area which do not receive a supply from the Board's mains but from private and independent sources, the largest groups being situated at Pontygwaith, Hafod, Trebanog, and Penrhiwfer. Recently the Board has extended its mains to the Penrhiwfer area with the consequence that a considerable number of houses in that locality, which had hitherto been very ill-supplied, are now connected with the Board's mains. In fact the process of connecting up old houses, previously depending for their water supply upon very unreliable and easily contaminated sources, with the Board's mains is going on steadily in all the localities above-mentioned and will doubtless be hastened now that the owners of the houses improperly supplied can be asked by the Council to provide a proper supply, such provision being possible without exceeding the ordinary rate.

ADMINISTRATION.

Although the war ultimately resulted in considerable changes in the staff of the Health Department, relatively few of them actually took place during the year now under consideration, the three most important arising from the acceptance of a commission in the Royal Army Medical Corps by Dr. W. G. Helsby, the Assistant School Medical Officer, the entry into a Sanitary Corps of Inspector D. J. Owen, and the calling up for service of Miss May Shelton, the Assistant Matron at the Hospital, as a member of the Territorial Force Nursing Service.

The conditions caused by the war discouraged all new developments and extensions of existing activities, so that the general position in the Department continued, in the main, as recorded in the report of the previous year. The maintenance of the progress made in the two immediately preceding years under the Housing, Town Planning, &c., Act, 1909, became especially difficult and much credit is

due to the district sanitary inspectors, supported and advised by Chief Inspector J. Towy Thomas, for the considerable amount of work done notwithstanding the unfavourable circumstances, it often being convincingly shown by them to landlords that further delay or partial and temporary attention would ultimately result in increased cost as the execution of the more complete and comprehensive alterations and repairs required to comply with the spirit and the letter of the Act could not be indefinitely postponed.

MILK AND OTHER FOOD SUPPLIES.

The chief powers of control possessed by the Council over the production and distribution of milk are provided by the Dairies, Cowsheds, and Milk Shops Order, 1885, and the Regulations made thereunder, the latter having been in force in the district since April 1st, 1906. Some powers were also obtained by the Council in their Act of 1905, and relate to the prevention of the spread of infectious disease by means of milk. The persons now engaged in the milk trade in the district are embraced by the following classes in the numbers indicated:—

Cowkeepers	...	...	...	...	55
Cowkeepers and Purveyors of Milk	...				48
Purveyors of Milk and Milk-shop Keepers					190

It is estimated that the cows within the district yield nearly 1,000 gallons of milk per diem, while the additional quantity of about 2,500 gallons is daily imported into the district mainly from Somersetshire, Glamorganshire, and Gloucestershire. The total quantity of cows' milk thus consumed in the district amounts to less than $1\frac{1}{2}$ million gallons a year, and is equivalent to an average allowance of only one-sixth of a pint per day for every individual in the district.

An unknown but very considerable quantity of tinned or condensed milk also is sold for consumption by the general public, the use for babies of unsuitable brands of this form of food being one of the important influences which the health visitors have to combat in their efforts to reduce the infantile mortality.

The majority of the cowsheds still in use in the district exist in connection with farmhouses situated on the sides or summits of the hills skirting the two valleys and are therefore in isolated positions. They are usually badly designed with deficient light and means of ventilation, with primitive drainage systems, and undesirable surroundings.

The 293 premises concerned with the production and distribution of milk in the district were periodically inspected during the year by the district inspectors under whose supervision they are placed. In this connection, power has been granted to the Medical Officer of Health to consult a Veterinary Inspector in special cases, with reference more particularly to the existence of cows suspected to be capable of conveying tuberculosis to consumers of milk yielded by them.

During the year, 1978 periodical visits have been made to the 34 private slaughter-houses in the district. With regard to cleanliness and general observance of the bye-laws they have been throughout fairly well kept, but some of them, from their unsuitable positions and structural condition, call for abandonment. The use of three of them was, in fact, discontinued in the course of the year. The Health Committee had given instructions in the first half of the year that a report should be prepared upon the ways and means of taking advantage of the Council's powers under their Act of 1910 to acquire by agreement any slaughter-house within the district, and to agree with the owner, lessee, and occupier of any slaughter-

house for the abolition of slaughtering therein on such terms as may be arranged between the parties concerned. Under the same Act it lies with the Council, subject to the approval of the Local Government Board, to provide Municipal Slaughter-houses for the use of the district. The outbreak of the war however was considered a sufficient justification for the postponement of the consideration of the question.

The duty of administering the Food and Drugs Acts in the Rhondda is discharged by the Council of the Administrative County of Glamorgan.

POLLUTION OF RIVERS.

As a result of the activity displayed by the staff in the course of the previous year (1913) resulting in many prosecutions, there was less necessity for exceptional vigilance in the same direction in 1914, although a few of the colliery companies still show a disposition to disregard the law in this respect. The supervision exercised during the year resulted in five prosecutions for offences against the river pollution clauses of the Council's Special Act of 1910. Notwithstanding these powers however it is felt that a more comprehensive and perhaps less irritating method of dealing with the problem of river pollution in the district is highly desirable and tentatively the Council inserted in the Bill promoted by them during the Parliamentary Session 1914-1915 a clause declaring any stream or watercourse so choked or silted up as to impede or obstruct the proper flow of water along the same to be a nuisance within the meaning of the Public Health Act, 1875. After a conference with the parties concerned (including landowners, colliery owners, and council) the clause was withdrawn on the understanding that all parties should consider in the near future the preparation of a joint scheme designed to prevent the pollution of the streams which now takes place in so many ways and at so many points, and which

is believed to be largely instrumental in the causation of the destructive floods which occur from time to time in certain portions of the district. The withdrawal of the clause was the more readily agreed to owing to the natural desire of the Council owing to the war to curtail expenditure to all the extent possible by making their Bill as non-contentious as the retention of the essentials of the Bill would permit.

HOUSE ACCOMMODATION.

Since the year 1909 when 1,025 houses were passed for occupation and when building activity reached its maximum in the district, the rate at which new houses have been erected and rendered available for use has steadily and progressively diminished, so that in the year now under consideration the total was only 308. Moreover in the course of the year 43 houses were condemned as unfit for human habitation, but as 22 of these were rendered habitable the nett number of houses available for the accommodation of the increase in population was 287, or only sufficient for the reception of about 1,700 persons, whereas the estimated increase in the population during the same period exceeded 4,000 persons. The war resulted in not only a retardation of the rate of building by private enterprise owing to the great increase in the price of material and to the scarcity of labour, but also in the suspension of the building scheme of the Council which provided for the erection of 150 cottages on 7 acres of land which had been purchased for this purpose at Penygraig. From this point of view however there was a certain amount of relief afforded by the departure from the district of a large number of men who joined the colours.

The appended table sets out the number of houses passed for occupation in each year since 1898.

In 1898 there were 317 new houses passed for occupation.

„ 1899	„	157	„	„	„
„ 1900	„	148	„	„	„
„ 1901	„	187	„	„	„
„ 1902	„	334	„	„	„
„ 1903	„	483	„	„	„
„ 1904	„	594	„	„	„
„ 1905	„	317	„	„	„
„ 1906	„	879	„	„	„
„ 1907	„	827	„	„	„
„ 1908	„	829	„	„	„
„ 1909	„	1,025	„	„	„
„ 1910	„	926	„	„	„
„ 1911	„	769	„	„	„
„ 1912	„	439	„	„	„
„ 1913	„	358	„	„	„
„ 1914	„	308	„	„	„

The local distribution of the houses erected during the year is shown in the following table:—

31 houses were passed for occupation in No. 1 Ward.

27	„	„	„	„	2	„
7	„	„	„	„	3	„
14	„	„	„	„	4	„
27	„	„	„	„	5	„
41	„	„	„	„	6	„
60	„	„	„	„	7	„
15	„	„	„	„	8	„
51	„	„	„	„	9	„
35	„	„	„	„	10	„

308

Rhondda

It will thus be seen that Wards 7 and 9 with 60 and 51 houses respectively have contributed the largest, and Ward 3, with only 7 houses, the smallest number to the total of 308.

HOUSING, TOWN PLANNING &c., ACT, 1909.

The systematic house-to-house inspection of the district, instituted in 1912, under the provisions of the Housing, Town Planning, &c., Act, 1909, and the Housing (Inspection of District) Regulations, 1910, made thereunder, was continued during the year and resulted in the inspection of 3,716 houses (see Table I.). This number shows a diminution over that of the preceding year. The factors responsible for the decrease in the number of inspections made were:—

(a) The withdrawal of one of the four Housing Inspectors from this work during the greater portion of the year to perform district work.

(b) The inspection of 589 Cellar Dwellings within the Urban area, together with 573 occupied over-lying tenements, particulars of which are given in tabular form in this section of the report.

(c) The inspection of 293 cowsheds, milkshops, and dairies, with which were associated 82 dwelling-houses.

Of the 3,716 houses inspected nuisances and defects requiring action were found in 3,239, leaving 477, or 12.8 per cent. of the number inspected without observable defects at the time of inspection. The percentage of houses without defects is practically equivalent to that belonging to the previous year. This proportion appears less high if full consideration be given to the fact that the inspection in each instance is being made to take advantage of powers possessed in addition to those under the Housing, Town Planning, &c., Act, 1909.

Among the several factors responsible for the high percentage of defects discovered may be mentioned the following:—

Housing, Town Planning, &c. Act, 1909, Table I. : Inspections made and Notices served during 1914.

Locality.	Sanitary District.	Ward.	No. of empty houses in inspected area.	No. of houses inspected.	No. of houses in which were found structural defects and nuisances.		No. of houses in respect of which preliminary notices were served to execute work and abate nuisances under P.H. Act, 1875.	No. of houses in which no defects requiring action were found.	No. of houses in respect of which notices were served upon occupiers.
					H.T.P. Act, 1909.	P.H. Act, 1875.			
Blaenrhondda	1	1	—	1	1	—	—	—	—
Treherbert ..	1	1	—	1	1	—	—	—	—
Treorchy ...	1	2	2	262	94	133	133	35	54
Cwmparc ...	1	2	—	9	4	—	—	5	5
Pentre .	2	3	6	53	4	24	24	25	6
Ton ..	2	3	—	146	24	80	80	42	9
Gelli ..	2	4	—	141	67	74	74	—	29
Ystrad ...	2	4	—	130	46	79	79	5	15
Clydach Vale	3	5	—	34	19	15	15	—	—
Tonypandy ..	3	5	—	21	11	10	10	—	10
Tonypandy ..	3	6	5	345	94	228	228	23	16
Trealaw ..	3	6	—	2	1	1	1	—	—
Penygraig ..	4	7	1	128	23	92	92	13	7
Williamstown	4	7	—	349	134	207	207	8	74
Edmundstown	4	7	3	29	17	12	12	—	6
Trebanog ..	4	8	—	46	39	6	6	1	34
Porth ...	5	8	4	1146	309	639	639	198	188
Ferndale ..	6	10	1	642	146	381	381	115	27
Blaenllechau..	6	10	1	231	77	147	147	7	10
Totals ..			23	3,716	1,111	2,128	2,128	477	490

(1) The comprehensive character of the inspection made.

(2) The activity shown in dealing with unclean and destructive tenants.

(3) The extensive use made of the Council's Private Acts, especially the section in the Act of 1905, relating to the provision of 150 square feet of paved area for each dwelling-house. In this connection it is difficult to adequately appreciate the importance of the beneficial character of the improvements secured by means of the provisions of this section. It is true that frequently it becomes necessary to excavate ground,—often of considerable height,—and to erect substantial retaining walls before the requirements of this section of the Act can be satisfactorily complied with, but the resulting extension of the paved yards serves to check to an appreciable extent the percolation of water into the subsoil upon which the house stands, besides providing the housewife with some much-appreciated dry space on which to do some of her work out-of-doors under favourable circumstances, and the children or others with means of enjoying fresh air and sunshine on their own premises without the risk of exposure to injurious influences.

Of the 3,239 houses inspected and found defective, action to abate nuisances and to remedy sanitary defects in respect of 1,111 of them was taken under the provisions of the Housing, Town Planning, &c., Act, 1909. The limitation of the provisions of Section 14 to houses in respect of which contracts have been made after the passing of this Act made it necessary to take action under the provisions of the Public Health Act, 1875, and other Acts, in respect of the remaining 2,128 houses inspected and found in a condition remediable by the application of those provisions,

Housing, Town Planning, &c. Act, 1909, Table II.—Summary of results of notices served.

LOCALITY.	Sanitary District. Ward.		No. of Houses in respect of which preliminary notices were satisfactorily complied with.		No. of Houses reported to Committee as requiring Statutory Notices.			No. of Houses in respect of which notices were not complied with at end of 1913.			No. of Houses in respect of which Statutory Notices were satisfactorily complied with			No. of Houses which the owners elected to close instead of complying with notices.		No. of houses in respect of which notices were not complied with at end of 1914.				
P.H. Act, 1875.		H.T.P. Act, 1909.	P.H. Act, 1875.		H.T.P. Act, 1909.	P.H. Act, 1875.		H.T.P. Act, 1909.	P.H. Act, 1875.		H.T.P. Act, 1909.	P.H. Act, 1875.	H.T.P. Act, 1909.		P.H. Act, 1875.	H.T.P. Act, 1909.	P.H. Act, 1875.			
Owner.	Occupier.		Owner.	Occupier.		Owner.	Occupier.		Owner.	Occupier.			Owner.	Occupier.						
Blaenrhon'da	1	1	...	...	1	...	...	76	134	8	8	5	7	...	...	69	129	1	...	
Blaenyewm	1	1	...	...	...	...	...	44	32	7	4	4	1	...	...	40	28	6	...	
Treherbe t...	1	1	...	...	1	...	...	91	138	48	17	19	2	...	...	75	119	46	...	
Treorchy ^r	1	2	2	36	94	131	18	217	264	19	107	184	17	...	...	204	211	20	...	
Cwmparc	...	1	2	...	4	4	...	1	87	188	81	9	8	2	...	...	82	180	80	...
Pentre	...	2	3	3	3	4	21	3	60	109	37	11	10	1	...	...	53	120	39	...
Ton	...	2	3	8	8	24	72	1	128	338	21	91	241	2	...	...	61	169	20	...
Gelli	...	2	4	6	27	67	68	2	71	79	9	61	78	10	...	...	77	69	1	...
Ystrad	...	2	4	2	14	46	77	1	187	260	12	121	142	2	...	2	112	193	11	...
Llwynypia..	3	5	...	...	...	...	...	...	23	70	...	3	11	...	...	...	20	59	...	...
ClydachVale	3	5	...	...	...	19	15	...	76	147	3	15	32	...	...	...	80	130	3	...
Tonypandy	3	5	...	...	...	11	10	10	7	25	4	2	5	2	...	1	16	29	12	...
Tonypandy	3	6	2	...	94	226	16	1	4	...	35	106	7	...	...	...	60	124	9	...
Trealaw	...	3	6	...	...	1	1	...	137	171	8	85	93	...	...	...	53	79	8	...
Trealaw	...	4	6	...	...	...	...	...	15	37	...	...	4	...	...	...	15	33	...	...
Penygraig	4	7	1	1	23	91	6	88	99	13	51	58	3	...	...	...	60	132	16	...
Williamsto'n	4	7	1	8	134	206	66	...	...	...	10	42	40	...	...	...	124	164	26	...
Edmundst'n	4	7	...	...	17	12	6	...	...	...	2	3	6	...	...	...	15	9	...	...
Gilfach Goch	4	7	...	...	...	...	...	...	15	28	9	...	1	6	...	...	15	27	3	...
Dinas	...	4	7	...	...	...	...	...	20	26	...	13	17	...	...	1	7	8	...	...
Trebanog	...	4	8	...	...	39	6	34	39	18	1	9	2	35	...	...	69	22	...	...
Trehafod	...	5	8	...	...	...	...	...	24	61	1	11	30	...	...	...	13	31	1	...
Porth	...	5	8	15	137	309	433	51	23	75	1	60	143	25	...	...	272	556	27	...
Porth	...	5	9	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...
Ynyshir	...	5	9	...	...	...	...	...	73	218	...	8	34	...	...	...	65	184	70	...
Wattstown	...	5	9	...	...	...	...	...	135	188	32	20	39	27	...	...	115	149	5	...
Pontygwaith	...	5	9	...	...	...	...	...	43	39	10	11	19	10	...	...	32	20	...	...
Stanleytown	...	5	9	...	...	...	...	...	98	58	38	83	49	38	...	...	15	9	...	...
Tylorstown	...	5	9	...	...	...	...	...	1	2	...	1	1	...	...	...	...	1	...	...
Tylorstown	...	6	9	...	...	...	...	...	21	21	...	11	12	...	...	...	10	9	...	...
Ferndale	...	6	10	4	...	146	377	27	...	...	...	39	168	14	...	...	107	209	13	...
Blaenllechau	...	6	10	1	...	77	130	10	68	132	6	77	194	13	...	...	68	84	3	...
Maerdy	...	6	10	...	...	...	...	...	29	70	...	11	27	...	...	...	18	43	...	...
TOTALS ..			45	238	1111	1876	252	1897	3032	438	986	1782	270	...	4	2022	3329	420		

Reference to Table II. will show that notices served in respect of 4,929 houses remained uncomplied with in 1913, as against 5,351 at the close of the year under review; of the latter 2,022 are notices served under the provisions of the Housing, Town Planning, &c., Act, 1909, section 15, sub-section 5 of which states:—

“ If the notice given by the local authority is not complied with, and if the landlord has not given the notice mentioned in the immediately preceding sub-section, the authority may, at the expiration of the time specified in the notice given by them to the landlord, do the work required to be done and recover the expenses incurred by them in so doing from the landlord as a civil debt in manner provided by the Summary Jurisdiction Acts, or if they think fit, the authority may by order declare any such expenses to be payable by annual instalments within a period not exceeding that of the interest of the landlord in the house, nor in any case five years, with interest at a rate not exceeding five pounds per cent. per annum, until the whole amount is paid, and any such instalments or interest or any part thereof may be recovered from the landlord as a civil debt in manner provided by the Summary Jurisdiction Acts.”

The Council have decided to take advantage of the powers conferred upon them in the foregoing section, by carrying out the work themselves in instances where landlords have been in default. No work was however actually carried out by the Council under the above-quoted provisions in the course of 1914, owing partly to administrative difficulties arising from changes in the department immediately concerned and partly to the dislocation of business caused by the war. Of the remaining 3,329 notices served under the Public Health Act, 1875, which have not been satisfactorily complied with, 1,339 relate to houses owned by various

colliery companies and other combinations. The work of executing repairs at 974 of these houses is in progress, although at a somewhat slow rate, while the work at the remaining 365 houses has not been commenced.

In this connexion it should be mentioned that the outbreak of war has had an unfavourable effect upon the progress of the work generally. Even before the war considerable difficulty was experienced by private owners of property in securing skilled labour in the various trades involved in the execution of the work which they were called upon to carry out, but subsequently the difficulty has become still more pronounced and practically insurmountable in some parts of the district. The great increase in the price of building materials is also responsible for delaying the performance of the work many of the owners apparently entertaining the hope that the prices will soon revert to the pre-war standard. These circumstances have been the main factors which operated adversely in the failure to secure the completion of the work required to be done at a large number of houses, which under more normal conditions would doubtless have been attended to.

In the course of the year it was found necessary to prosecute 32 owners of 59 houses for non-compliance with the requirements of the Council. Particulars of these proceedings have been given in an earlier section of this report.

Of the 3,716 houses inspected in 490 cases, or 31.1 per cent., the occupiers were served with preliminary notices, this proportion being a decrease of 5.54 per cent. as compared with the previous year. Of the above 490, 252 were served with statutory notices, but in no case was it found necessary to prosecute for non-compliance with the specified requirements. The decrease in the number of notices served in this connection may be taken as an indi-

cation of the good results obtained by a systematic and effective inspection.

Table III. sets out in detail the amount of work executed and the nuisances abated, the aggregate number reaching,—after the grouping of similar defects,—13,265. Important significance attached to the supervision of constructive work in respect of notices served under the Housing Acts. These onerous duties have again been attended to with zeal and efficiency by the District Sanitary Inspectors, upon whom this responsibility rests, no fewer than 35,176 visits having been made by them to premises in this connection, an increase of 2,946 over the corresponding total of the preceding year.

The general character of the defects found may be briefly enumerated as follow:—

1. Defective walls, roofs, and chimney stacks.
2. Defective doors, windows, and skirting boards.
3. Insufficient or defective yard paving.
4. Earth in contiguity to external walls of rooms, and surface of areas above floor level.
5. Inadequate water supply.
6. Defective drainage systems.
7. Defective eave gutters and down spouts.
8. Defective drains, including blockages, defective trapping, and ventilation.
9. No pantry accommodation.
10. Dilapidated W.C.'s including absence or deficiency of flushing appliances.
11. Deficient means of ventilation of bedrooms.

PROCEDURE UNDER SECTION 17 OF THE ACT. During inspections made 43 houses were found to be in such a state as to be unfit for human habitation, and upon representations to the Council, closing orders were made in respect thereof in accordance with Section 17 (2) of the Act,

House-to-House Inspection (Table III).—Work Executed under the Housing, Town Planning, &c. Act 1909.

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Ward 9	Wd. 10	Totals.
1.—Baths and Lavatories	...	...	1	...	...	1	...	...	1	...	4
2.—Slop Sinks	...	5	...	...	...	10	4	...	3	...	23
3.—Water Closet :—											
(a) Provision of New Closet	3	...	2	9	...	4	9	3	...	1	31
(b) Walls, roofs, doors, floors, seats, etc., repaired	25	148	124	132	32	154	66	60	95	122	958
(c) Flushing Cisterns repaired	2	38	48	63	31	43	37	56	41	98	457
(d) New Flushing Cisterns provided	18	82	129	59	3	41	28	32	24	44	460
(e) Filthy W.C. ...	1	15	...	...	2	12	14	2	5	2	53
(f) Pans renewed	8	42	14	32	9	41	27	5	14	19	211
4.—House :—											
(a) External walls, roofs, chimney stacks, doors, and windows repaired	31	185	213	163	27	187	88	57	147	171	1269
(b) Internal walls, doors, floors, (I.) boarded, (II.) paved, skirting, stairs, plastering, fireplaces and mantelpieces repaired	31	135	146	179	44	202	117	73	194	287	1408
(c) Dampness abated by removal of earth	7	41	107	40	1	30	21	18	46	24	335
(d) Bedrooms ventilated	22	108	131	122	...	4	45	20	17	152	621
(e) Windows made openable	12	63	42	40	12	35	41	5	26	17	293
(f) Increased window area in rooms	1	...	1	2	...	1	12	4	1	1	23
(g) Pantry provided	...	...	4	9	...	1	3	...	1	...	18
(h) Light provided in pantry	3	1	...	3	1	3	3	59	4	9	86
(i) Boundary walls (I.) new erected	...	...	...	...	...	1	11	3	8	4	27
(II.) rebuilt	2	5	...	...	...	3	...	...	7	3	20
(III.) repaired	10	39	59	85	9	59	42	14	43	59	419
5.—Drains :—											
(a) Lip trap to stoneware syphon gully trap	1	30	41	39	16	102	37	29	23	7	325
(b) Ventilating shaft repaired	4	13	3	7	2	9	19	3	4	4	68
(c) Defective Drainage—(I.) Choked W.C.	1	...	7	3	...	9	4	...	2	4	30
(II.) Choked Gully Trap	...	...	2	1	...	1	1	...	1	2	8
(III.) Choked disconnecting trap	...	...	...	...	...	...	...	...	...	1	1
(IV.) Broken, leaky, or otherwise defective drain	4	11	6	9	6	21	5	5	5	8	80
6.—Area :—											
(a) Areas repaired	15	98	70	74	24	75	50	96	119	185	806

(Continued on next page).

House-to-House Inspection—(continued).

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Ward 9	Wd. 10	Totals
(b) Areas repaired and extended (i.) To less than 150 square feet ...	6	4	..	..	1	12	14	..	..	1	38
(ii.) To 150 square feet or more ...	29	122	205	254	23	187	77	81	90	123	1191
(c) Retaining Walls											
(i.) New erected ...	3	2	..	..	..	18	3	3	6	11	46
(ii.) Rebuilt ...	1	1	..	..	..	1	..	..	1	18	22
(iii.) Repaired ...	..	8	8	44	5	33	23	20	13	25	179
(d) Steps repaired ...	..	11	1	19	3	57	21	10	46	59	232
7.—Shoots and down spouts repaired or fixed anew ...	38	179	221	237	38	214	122	106	148	171	1474
8.—Dilapidated structures removed ...	1	2	4	9	..	3	..	..	2	15	36
9.—Structures on area removed from :—											
(a) obstructing lighting and/or ventilation of house	..	19	37	26	6	1	1	25	5	4	124
(b) Enclosing gully trap ...	2	4	..	2	..	1	..	..	1	..	10
10.—Dampness abated ...	40	206	186	255	26	197	108	62	133	218	1431
11.—Dirty houses cleaned ...	2	5	..	1	..	1	9	4	2	1	25
12.—Overcrowding :—											
(a) by one family... ..	..	1	..	..	..	1	1	4	..	..	7
(b) by one family and lodgers	..	2	..	1	..	..	2	1	..	..	6
(c) by more than one family...	1	1	..	1	..	2	..	2	..	..	7
13.—Animals as a nuisance ...	..	..	..	..	..	1	..	2	..	..	3
14.—Fowl and pigeon cots :—											
(a) disposed of ...	..	..	1	..	..	1	..	4	..	..	6
(b) removed beyond 10 feet from the house	3	12	1	14	..	6	22	14	..	23	95
15.—Manure :—											
(a) accumulation of, removed	..	..	..	..	..	..	..	4	..	..	4
(b) receptacle provided	..	..	..	3	1	1	..	2	..	..	7
16.—Accumulation of refuse removed	..	2	4	3	..	2	2	3	..	..	16
20.—Coal :—											
(a) removed from back area ...	..	27	6	28	..	..	25	69	50	1	206
(b) removed from inside house	4	1	..	5	..	..	10	24	22	..	66
TOTALS ..	337	1669	1824	1973	322	1788	1124	984	1350	1894	13265

No action was taken during the year under Section 18 of the Act relating to demolition.

During the year, 37 closing orders were determined in accordance with Section 17 (6), 15 of this number having been repaired and rendered fit for human habitation towards the close of 1913, the formal determination of the orders falling within the year under review. Fifteen of the houses in respect of which the orders made were determined refer to cellar tenements, the owners of which were served with closing orders under Section 17 (7). The basement tenement in each case was made, in conjunction with the overlying tenement, a constituent part of one dwelling-house, the use of rooms in the basement as bedrooms being discontinued.

The remaining seven houses in respect of which closing orders were made and subsequently determined were satisfactorily repaired to meet the requirement of the Council.

The following table gives particulars concerning some of the aspects of the work carried on in the course of the year:—

The number of dwelling-houses inspected under and for the purposes of Section 17 of the Act of 1909	} 3,716
The number of dwelling-houses which on inspection were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	} 43
The number of representations made to the Local Authority with a view to the making of closing orders	} 43
The number of closing orders made	} 43

The number of dwelling-houses the defects in which were remedied without the making of closing orders	}	2,713
---	---	-------

The number of dwelling-houses which after the making of closing orders were put into a fit state for human habitation	}	22
---	---	----

Of the houses inspected overcrowding was discovered in 1914 in six instances, in only one of which was there overcrowding on the basis adopted in the census returns, viz., more than two persons to a room.

Overcrowding was abated at 20 houses, this number including instances discovered towards the close of the preceding year. Of this number seven of the houses were occupied by only one family, six by one family and lodgers, and seven by more than one family.

In connexion with the conditions detailed in Table III. relating to the work done as a result of the scheme of house-to-house inspection adopted in the district, it will be observed that the improvements secured are comprehensive and detailed in character. Some of them might appear, without due consideration, somewhat unimportant as, for instance, the removal of coal stored upon open back-yards by occupiers in close proximity to drain inlets; this arrangement however not infrequently leads to the entry of much small coal into, and consequent obstruction of the drain, a condition usually requiring action against the landlord for the abatement of the nuisance thus caused.

The figures recorded in the table indicate the importance, in the aggregate, of the improvements, effected as the result of the systematic inspections. The internal and external repairs executed upon the houses themselves, the extensions and repairs of back-yards, the erection and repair of retaining walls, the removal of obstructive and

dilapidated structures often found in close proximity to doors and windows, and other similar improvements cannot, in their cumulative effect, other than react favourably upon the habits, material comfort, and public health of the community.

SHOPS ACT, 1912.

The Shops Inspectors (T. Osborne and R. Thwaites) continued to carry out the duties imposed upon the Council by the Shops Act, 1912, with commendable fairness and thoroughness, and have kept themselves well informed of the changes taking place almost daily by the establishment of new shops and the relinquishment of old ones. Thus in the course of the year 1914, 686 shops were taken off, and 557 shops were put on the register, the nett result being a decrease of 129 shops during the year.

Of the 946 shops in which assistants were employed, 391 were exempted from the provisions of the Weekly Half-Holiday Order, which is now applicable to the whole area and which fixes upon Thursday from 1 p.m. as the general half holiday throughout the district. In the exempted shops 651 assistants were employed so that much vigilance had to be exercised for the purpose of preventing or detecting any infringement of the right of each assistant to a half-holiday every week.

There were 65 prosecutions during the year, most of the offenders having been previously warned by the inspectors and not a few having been convicted of similar offences on former occasions. Many more prosecutions were doubtless avoided by timely interviews with employers, an explanation or warning often serving to improve the conditions of employment of the employees as well as to lead to better relations between the shop-keepers and inspectors.

The mixed businesses naturally continue to be a source of anxiety owing to the opportunity which they afford unscrupulous traders to transgress both the spirit and the letter of the Act's provisions.

In the course of the year further efforts were made with some measure of success to arrive at some unanimity of opinion and to obtain some common ground for action in endeavouring to obtain a uniform Closing Order for the whole area to replace the multiplicity of orders which now exist and which relate to different portions of the district to the confusion of the members of the public who find it convenient to do business in more than one of the shopping centres in the district. At the time of writing such an Order has been approved by the Council and has been submitted to the Home Secretary for his approval.

EMPLOYMENT OF CHILDREN ACT, 1903.

The bye-laws framed under the Employment of Children Act, 1903, by the Council received the sanction of the Home Secretary in 1907, and have until 1914 been solely administered by the Police Authorities of the County of Glamorgan. In 1914 however the Council's Shops Inspectors were empowered to take action under this Act and the bye-laws made thereunder. Their investigations led to the disclosure of a large number of instances where boys of tender age were employed until a late hour at night, but in most instances a warning served to effect a discontinuance of the practice. It was found necessary however to undertake several prosecutions in the course of the year, the offences varying largely in their nature and including the employment of children in street trading on Sundays.

FACTORY AND WORKSHOP ACT, 1901.

Section 132 of this Act, which became operative on January 1st, 1902, requires that:—"The Medical Officer of Health of every District Council shall, in his annual report to them, report specially on the administration of this Act in workshops and workplaces, and he shall send a copy of his annual report, or so much of it as deals with the subject, to the Secretary of State."

The number of workshops distributed throughout the district amounts to 1,203, or 41 fewer than in 1913.

During the year 518 visits, or an increase of 92 on the previous year, were made by the District Inspectors to factories and workshops within the Urban area in regard to cleanliness, ventilation, air space, drainage, and closet accommodation. Defects discovered in any of these directions are dealt with under the Public Health Acts, and the Factory and Workshop Act, and out of the 27 defects found on inspection it was necessary to serve notices in only 4 cases. Of the total number of defects found 23 were remedied during the year; in three of the remaining four, the work required to be done being of a structural character had not been completed at the end of the year.

There are 164 bakehouses in the district, or three fewer than in the previous year. These received 628 visits of inspection during the year. Generally speaking, they are small and, with few exceptions, each gives employment to only one or two persons. Underground bakehouses, in the full sense of the term, do not exist throughout the urban area.

There are practically no outworkers engaged in the district.

All plans for new workshops come before the Surveyor's and Medical Officer's Departments before being submitted to the appropriate Committees for consideration, and adequate and suitable sanitary accommodation is required in all cases.

The following tables set out the number and classification of the workshops in the district and the work done under the provisions of the Factory and Workshop Act, 1901.

Workshops and Workplaces in the Rhondda in Wards

	1	2	3	4	5	6	7	8	9	10	Total
Bootmakers ...	14	14	20	14	16	21	14	11	17	13	154
Bakers ...	13	22	19	13	19	12	16	17	15	18	164
Blacksmiths ...	3	1	3	1	2	2	3	3	3	1	22
Barbers ...	13	14	11	10	15	12	12	13	16	11	127
Carpenters ..	9	7	9	9	5	7	5	9	13	9	82
Fried Fish Shops ..	9	13	10	13	11	13	6	10	18	10	113
Coachmakers ...	1	—	1	—	—	3	2	2	2	—	11
Cycle Repairers ...	—	2	1	1	1	1	—	1	—	1	8
Dressmakers ...	20	24	26	17	17	19	6	15	18	20	182
Dressmakers and Milliners (Comb.)	2	3	3	—	—	1	—	3	3	3	18
Glaziers ...	2	2	2	3	—	2	2	2	—	1	16
Jewellers ...	5	4	4	2	1	6	1	4	3	5	35
Milliners ...	10	14	12	5	10	5	5	4	6	6	77
Picture Framers ...	1	2	4	3	—	—	—	—	1	1	12
Printers ...	1	1	—	1	—	—	—	2	—	1	6
Plumbers ...	1	3	3	2	2	3	1	3	1	3	22
Saddlers ...	2	—	1	—	—	1	1	2	—	2	9
Monumental Masons...	—	3	—	—	—	3	1	—	2	1	10
Sweet Makers ...	1	—	2	1	—	—	—	—	—	—	4
Tailors ...	6	10	20	4	4	6	5	2	2	7	66
Tinmen ...	—	1	1	1	1	1	—	1	1	1	8
Quarries ...	5	6	4	8	5	5	6	3	9	6	57
Totals ...	118	146	156	108	109	123	86	107	130	120	1203

Inspection of Factories and Workshops.

PREMISES. (1)	Number of		
	Inspec- tions. (2)	Written Notices. (3)	Prosecu- tions. (4)
Factories — (Including Factory Laundries).	29	2	—
Workshops. (Including Workshop Laundries).	489	2	—

Defects found in Factories and Workshops.

PARTICULARS.	Number of Defects.			No. of Prosecutions.
	Found.	Remedied	Referred to H.M. Inspector.	
(1)	(2)	(3)	(4)	(5)
NUISANCES UNDER THE PUBLIC HEALTH ACTS—				
Want of Cleanliness.	7	7	—	—
Want of Ventilation	2	2	—	—
Overcrowding	3	3	—	—
Want of Drainage of Floors ...	1	1	—	—
Other Nuisances	6	5	—	—
Sanitary Accommodation. {	Insufficient	3	2	—
	Unsuitable or defective ..	5	3	—
	Not separate for sexes	—	—	—
OFFENCES UNDER THE FACTORY AND WORKSHOP ACT—				
Illegal occupation of Underground Bakehouse (s.101) ...	—	—	—	—
Breach of special sanitary requirements for Bakehouses (ss.97 to 100)	—	—	—	—
OTHER OFFENCES—				
(Excluding offences relating to outwork)	—	—	—	—
Total	27	23	—	—

Factories and Workshops. Other Matters.

CLASS. (1)	Number.
Matters notified by H.M. Inspector of Factories :	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	—
Action taken in matters referred to H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5.) { Defects notified by H.M. Inspector... Reports (of action taken) sent to Inspector	15 —
Other	—
Underground Bakehouses (S. 101) :	
Certificates granted during the year	—
In use at the end of the year	—

APPENDIX

Table 1.

Population of the Rhondda Valley since 1801.

Year.	Houses			Persons.			Persons per House.
	In-habited.	Unin-habited.	Build-ing.	Males	Females.	Total.	
a1801				265	277	542	
1811				283	293	576	
1821				309	338	647	
1831				277	265	542	
1841				386	362	748	
1851				493	458	951	
1861	561	107	5	1,669	1,366	3,035	5·4
1871	2,710	32	62	9,559	7,355	16,914	6·2
b1871						23,950	
1881	9,193	340	158	30,877	24,755	55,632	6·0
1891	13,551	146	374	50,174	38,177	88,351	6·5
1901	19,210	368	112	62,315	51,420	113,735	5·92
1911	26,250	457	444	83,209	69,572	152,781	5·82
1914						166 365	

NOTES.

(a) The census returns for 1801 include Rhigos, which is not within the present area of the Rhondda District.

(b) Portions of the Llanwonno and Llantrisant Districts were added to the Rhondda District on October 1st, 1879.

The Registrar-General estimated the population in the enlarged area in 1871 at 23,950.

Table 2.**Rateable and Assessable Values of the Rhondda Urban District.**

I am indebted to Mr. John Hopkins, Accountant to the Council, for the following statement:—

Year ending 31st March.	Rateable Value.				Assessable Value.			General District Rate in the £ per annum.			
	£	s.	d.		£	s.	d.	s.	d.		
1896	...	409,807	2	6	...	341,050	13	11	...	2	6
1897	...	443,290	0	0	...	371,927	4	7	...	2	6
1898	...	451,977	5	0	...	379,042	3	9	...	2	6
1899	...	462,354	1	6	...	387,533	3	6	...	2	6
1900	...	463,387	12	6	...	387,549	19	9	...	2	9
1901	...	490,352	15	0	...	413,620	18	4	...	2	9
1902	...	481,521	10	0	...	404,692	18	4	...	3	0
1903	...	539,336	15	0	...	464,698	15	5	...	3	0
1904	...	515,731	0	0	...	444,285	10	0	...	3	8
1905	...	527,210	5	0	...	453,629	0	0	...	3	2
1906	...	520,041	10	0	...	441,745	1	8	...	3	0
1907	...	534,772	15	0	...	455,087	5	0	...	3	0
1908	...	569,169	10	0	...	486,645	16	8	...	3	3
1909	...	622,832	10	0	...	540,429	15	10	...	3	6
1910	...	646,069	0	0	...	561,456	7	11	...	3	3
1911	...	643,471	0	0	...	556,621	5	10	...	3	3
1912	...	617,992	15	0	...	545,344	12	6	...	3	3
1913	...	616,381	15	0	...	541,432	14	7	...	3	6
1914	...	698,065	10	0	...	623,389	16	8	...	3	3
1915	...	694,431	15	0	...	618,486	10	5	...	3	6

A penny rate on the Assessable Value produces £2577 0s. 5d. (Gross).

An analysis of the Rateable values of the houses in the District gives the following result:—

£100 and upwards	...	...	...	...	60
Between £50 and £100	...	...	...	...	45
„ £25 and £50	...	...	...	...	2.17
„ £10 and £25	..	..	..	..	31.33
Below £10	..	...	...	...	65.45
					<hr/> 100.00

Table 3.

Showing the actual number of Births in the Rhondda, and the Birth-rates during the years 1894—1914.

Year.		Total Births.		Birth rate per 1,000.	Average of Ten Years.
1894	...	3,715	...	38.7	40.2
1895	...	4,245	...	43.1	
1896	...	4,328	...	42.9	
1897	...	4,109	...	39.7	
1898	...	4,120	...	38.8	
1899	...	4,089	...	37.5	
1900	...	4,469	...	40.0	
1901	...	4,586	...	40.0	
1902	...	4,937	...	41.8	
1903	...	4,897	...	40.3	
1904	...	4,860	...	38.8	36.4
1905	...	4,664	...	36.2	
1906	...	4,751	...	35.8	
1907	...	4,831	...	35.3	
1908	...	5,454	...	38.7	
1909	...	5,577	...	38.4	
1910	...	5,628	...	37.7	
1911	...	5,491	...	35.7	
1912	..	5,236	...	33.1	
1913	...	5,505	...	34.0	
1914	...	5,558	...	34.2	

Table 4.

Comparative Birth-rate Table for 1914.

				Birth-rate per 1,000
England and Wales	...	...	...	23.8
Rural England and Wales	...	...	...	22.2
97 Great Towns	...	...	...	25.0
145 Smaller Towns	...	...	..	23.9
Rhondda	...	...	...	34.2

Table 5.

The number of houses, estimated population, number of births, and birth-rate per 1,000 for each Ward.

Ward.		Number of occupied houses.		Estimated population to middle of 1914.		Number of Births.		Birth-rate per 1,000.
1	..	2,458	...	14,678	...	503	...	34·3
2	...	2,926	...	17,316	...	560	...	32·3
3	...	2,163	...	12,225	...	331	...	27·1
4	...	2,174	...	12,547	...	411	...	32·8
5	...	2,705	...	15,881	...	579	...	36·5
6	...	2,560	...	15,243	...	560	...	36·7
7	...	2,361	...	12,367	...	455	..	36·7
8	...	3,425	...	17,670	...	611	...	34·6
9	...	4,003	...	24,620	...	894	...	36·3
10	...	3,248	...	20,045	...	637	...	31·8
Inward Transfers			...		...	17	...	·1
Rhondda		28,023	..	162,592	..	5,558	..	34·2

Table 6.

Showing the number of Illegitimate Births in the Rhondda.

In 1895 there was a number equivalent to 26 per 1,000 of total births.

„ 1896	„	„	24	„	„
„ 1897	„	„	23	„	„
„ 1898 there were 105, equal to 25 per 1,000 of total births					
„ 1899	„	75,	„ 18	„	„
„ 1900	„	111,	„ 24	„	„
„ 1901	„	97,	„ 21	„	„
„ 1902	„	97,	„ 15	„	„
„ 1903	„	115,	„ 23	„	„
„ 1904	„	100,	„ 20	„	„
„ 1905	„	100,	„ 21	„	„
„ 1906	„	101,	„ 21	„	„
„ 1907	„	107,	„ 22	„	„
„ 1908	„	119,	„ 22	„	„
„ 1909	„	130,	„ 23	„	„
„ 1910	„	121,	„ 21	„	„
„ 1911	„	136,	„ 25	„	„
„ 1912	„	160,	„ 31	„	„
„ 1913	„	147,	„ 27	„	„
„ 1914	„	139,	„ 25	„	„

Table 7.

Number of Births, Birth-rate, number of deaths of children under one year of age, Infantile Mortality-rate, number of Deaths, and Death-rate in each year since 1891.

YEAR	Total Number of Births.	General Birth-rate per 1,000.	Number of deaths of children under one year of age.	Infantile Mortality- rate per 1,000 births.	Total Number of Deaths.	General Death- rate per 1,000.
1891	3,935	44.3	862	219	2,255	25.4
1892	3,916	42.9	757	193	1,804	19.8
1893	4,149	44.3	932	225	2,132	22.8
1894	3,715	38.7	757	204	1,706	17.7
1895	4,245	43.1	997	235	2,246	22.8
1896	4,323	42.9	855	193	2,105	20.8
1897	4,109	39.7	838	204	2,049	20.1
1898	4,120	38.8	793	192	1,979	18.8
1899	4,089	37.5	1,016	248	2,419	22.4
1900	4,469	40.0	839	188	2,181	19.9
1901	4,586	40.0	1,020	222	2,431	21.2
1902	4,937	41.8	883	179	2,190	18.6
1903	4,897	40.3	778	159	1,998	16.4
1904	4,860	38.8	925	190	2,345	18.7
1905	4,664	36.2	927	199	2,402	18.6
1906	4,751	35.8	821	173	2,074	15.6
1907	4,831	35.3	782	162	2,133	15.6
1908	5,454	38.7	1,002	184	2,516	17.9
1909	5,577	38.4	724	130	2,231	15.4
1910	5,628	37.7	770	137	2,181	14.6
1911	5,491	35.7	902	164	2,352	15.3
1912	5,236	33.1	666	127	2,182	13.8
1913	5,505	34.0	766	139	2,360	14.6
1914	5,558	34.2	762	137	2,410	14.8

Table 8.

Showing the number of houses, estimated population, number of deaths, and death-rate per 1,000 for each Ward.

Wards.		Number of occupied houses.		Estimated population to middle of 1914.		Number of deaths from. all causes		Death-rate per 1,000.
1	...	2,458	..	14,671	...	248	...	16·9
2	...	2,926	...	17,316	..	248	...	14·3
3	...	2,163	...	12,225	...	164	...	13·4
4	...	2,174	...	12,547	...	195	...	15·5
5	...	2,705	...	15,881	...	223	...	14·0
6	...	2,560	...	15,243	...	241	...	15·8
7	...	2,361	...	12,367	...	208	...	16·8
8	...	3,425	...	17,670	...	229	...	12·9
9	...	4,003	...	24,620	...	336	...	13·6
10	...	3,248	...	20,045	...	318	...	15·8
Rhondda		28,023	...	162,592	..	2,410	..	14·8

Table 9.

Death-rates in the 97 Great Towns of England and Wales, 1914, based upon the old estimates of populations at Midsummer, and compiled from the four quarterly returns of the Registrar-General.

Towns	Death rate.	Towns	Death rate.
1 Ilford ..	7·8	50 York ..	14·3
2 Eastbourne ..	8·6	51 Blackpool ..	14·5
3 Hornsey ..	8·8	52 Bolton ..	14·5
4 Ealing ..	9·4	53 Grimsby ..	14·5
5 Southend-on-Sea ..	9·6	54 London ..	14·5
6 Enfield ..	9·8	55 Walsall ..	14·5
7 East Ham ..	10·0	56 Blackburn ..	14·6
8 Leyton ..	10·0	57 Huddersfield ..	14·6
9 Wimbledon ..	10·0	58 West Ham ..	14·7
10 Walthamstow ..	10·3	59 Halifax ..	14·8
11 Willesden ..	10·3	60 Leeds ..	14·8
12 Edmonton ..	10·5	61 Birmingham ..	14·9
13 Acton ..	10·7	62 Birkenhead ..	15·0
14 Bournemouth ..	10·8	63 Carlisle ..	15·0
15 Croydon ..	10·9	64 Hull ..	15·2
16 Devonport ..	11·0	65 Merthyr Tydfil ..	15·2
17 Tottenham ..	11·3	66 Nottingham ..	15·2
18 Swindon ..	11·4	67 Dewsbury ..	15·3
19 Coventry ..	11·6	68 Rotherham ..	15·3
20 Gillingham ..	11·6	69 West Bromwich ..	15·4
21 Reading ..	11·7	70 Wolverhampton ..	15·5
22 Oxford ..	11·9	71 Bradford ..	15·6
23 Wallasey ..	12·2	72 Swansea ..	15·6
24 Lincoln ..	12·3	73 West Hartlepool ..	15·6
25 South Shields ..	12·3	74 Preston ..	15·7
26 Cambridge ..	12·4	75 Tynemouth ..	15·7
27 Portsmouth ..	12·5	76 Bury ..	15·8
28 Bath ..	12·7	77 Rochdale ..	15·8
29 Derby ..	12·8	78 Warrington ..	15·9
30 Newport (Mon.) ..	13·0	79 Burnley ..	16·0
31 Aberdare ..	13·2	80 Great Yarmouth ..	16·0
32 Smethwick ..	13·2	81 Bootle ..	16·1
33 Brighton ..	13·3	82 Dudley ..	16·1
34 Bristol ..	13·3	83 Sheffield ..	16·2
35 Exeter ..	13·3	84 Salford ..	16·5
36 Darlington ..	13·4	85 Newcastle-on-Tyne ..	16·6
37 Hastings ..	13·7	86 St. Helens ..	16·7
38 Ipswich ..	13·7	87 Sunderland ..	16·9
39 Northampton ..	13·7	88 Plymouth ..	17·0
40 Norwich ..	13·7	89 Barnsley ..	17·4
41 Stockport ..	13·7	90 Stockton-on-Tees ..	17·4
42 Gloucester ..	13·8	91 Wigan ..	17·4
43 Southampton ..	13·8	92 Manchester ..	17·6
44 Southport ..	13·8	93 Oldham ..	17·7
45 Cardiff ..	13·9	94 Stoke-on-Trent ..	17·9
46 Leicester ..	13·9	95 Gateshead ..	18·0
47 Wakefield ..	14·0	96 Middlesbrough ..	19·0
48 Barrow-in-Furness ..	14·2	97 Liverpool ..	19·4
49 Rhondda ..	14·2		

Table 10.

Rates of Mortality in the Rhonda of Children under one year of age from the principal infantile diseases per 1,000 births during 1904-14.

Cause of Death.	1904		1905		1906		1907		1908		1909		1910		1911		1912		1913		1914	
	Total Deaths.	Rate per 1,000 Births.	Total Deaths.	Rate per 1,000 Births.	Total Deaths.	Rate per 1,000 Births.	Total Deaths.	Rate per 1,000 Births.	Total Deaths.	Rate per 1,000 Births.	Total Deaths.	Rate per 1,000 Births.	Total Deaths.	Rate per 1,000 Births.	Total Deaths.	Rate per 1,000 Births.	Total Deaths.	Rate per 1,000 Births.	Total Deaths.	Rate per 1,000 Births.	Total Deaths.	Rate per 1,000 Births.
All Causes ..	925	190	927	199	828	174	782	162	1002	184	724	130	770	137	902	164	666	127	766	139	762	137
Diarrhoea ..	173	35	148	31	161	34	123	25	271	50	99	18	94	17	246	45	32	6	132	24	83	15
Debility ..	146	30	148	31	147	31	131	27	116	21	131	23	114	20	100	18	133	25	135	25	102	18
Convulsions ..	123	25	14	30	82	17	109	23	113	21	82	15	94	17	105	19	65	12	77	14	81	14
Lung Diseases(ex- cept Tubercular)	150	30	197	42	153	32	177	37	177	32	116	21	146	26	102	19	181	35	140	25	176	32
Premature Birth	69	14	62	13	69	15	68	14	88	16	93	17	85	15	85	15	87	17	84	15	99	17
Dentition ..	23	4	23	5	8	2	8	2	9	2	8	1	10	2	—	—	—	—	—	—	—	—
Whooping Cough	25	5	22	5	13	3	19	4	34	6	17	3	25	4	8	1	42	8	7	1	20	4
Tubercular Diseases..	18	3	27	6	17	4	12	3	15	3	12	2	9	2	14	3	8	2	15	3	7	1
Measles ..	32	6	24	5	8	2	21	5	28	5	9	2	11	2	34	6	22	4	15	3	21	4

Table 11

Deaths under one year of age in the different Wards during 1914, from the following diseases :

Cause of Death.	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Ward 9	Ward 10	Total.
Measles	3	2	6	1	2	2	—	—	2	3	21
Scarlet Fever ...	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	4	—	—	2	4	2	—	3	2	3	20
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Membranous Croup	—	—	—	—	—	—	—	2	1	—	3
Epidemic Influenza	—	—	—	—	—	—	—	—	—	1	1
Diarrhoea	3	11	4	7	6	9	8	6	14	15	83
Erysipelas	—	—	—	—	—	—	—	2	—	1	3
Accidents (General)	2	2	—	2	—	1	4	2	5	3	21

Table 12.

Showing the number of deaths in the Rhondda from the principal Zymotic Diseases since 1894.

Year.	Small-Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Fevers.			Diarrhoea.	Total Zymotic Deaths.	Zymotic Death-rate.	Average Zymotic Death-rate of Ten Years.
						Typhus.	Enteric.	Simple Continued				
1894	-	13	12	30	29	-	28	—	28	140	1·4	3·5
1895	-	79	27	72	66	-	25	—	75	344	3·4	
1896	-	38	43	63	54	-	28	3	144	373	3·6	
1897	-	138	19	52	78	-	28	—	61	376	3·6	
1898	-	16	14	33	146	-	40	1	105	355	3·3	
1899	-	--	10	70	186	-	55	—	169	489	4·4	
1900	-	121	35	58	125	-	24	—	118	481	4·3	
1901	-	3	43	33	135	-	53	—	327	595	5·2	
1902	1	109	27	40	81	-	21	—	109	389	3·3	
1903	-	8	38	52	42	-	44	—	109	293	2·4	
1904	-	102	20	53	32	-	42	—	211	460	3·7	2·6
1905	-	84	11	55	16	-	15	1	172	354	2·7	
1906	-	24	9	27	25	-	20	—	206	311	2·4	
1907	-	68	9	26	20	-	22	—	147	292	2·1	
1908	-	102	7	54	32	-	21	—	319	535	3·8	
1909	-	47	15	27	35	-	4	—	130	258	1·8	
1910	-	25	24	41	15	-	12	—	115	232	1·6	
1911	-	144	19	18	21	-	18	—	313	533	3·5	
1912	-	127	19	80	19	-	16	—	39	300	1·9	
1913	-	57	22	15	53	-	12	1	174	334	2·1	
1914	-	84	10	14	36	-	5	—	103	282	1·7	

Table 13.—Comparing the Death-rates from Zymotic Diseases during the years 1894-1914, in the Rhondda with those of similar Diseases in England and Wales (per 1,000 living).

YEAR.	Small-pox.		Measles.		Scarlet Fever.		Whooping Cough.		Diphtheria		FEVERS.				Total Zymotic Deaths	Zymotic Death-rate	
	Rhondda.	England and Wales.	Rhondda.	England and Wales.	Rhondda.	England and Wales.	Rhondda.	England and Wales.	Typhus.	Enteric		Simple con.					
										Rhonda.	England and Wales.	Rhonda.	England and Wales.				
1894	—	·03	·13	·39	·12	·16	·31	·41	·30	·29	·004	·29	·16	—	140	14	22
1895	—	·007	·80	·38	·27	·15	·73	·31	·67	·26	·002	·25	·18	—	344	34	28
1896	—	·02	·37	·57	·42	·18	·62	·43	·53	·29	·002	·27	·17	·02	373	36	25
1897	—	—	1·33	·10	·18	·14	·50	·31	·75	·24	—	·27	·15	—	376	36	21
1898	—	·01	·15	·41	·13	·11	·31	·31	1·37	·24	—	·37	·18	·009	355	33	22
1899	—	·01	—	·31	·09	·12	·64	·30	1·70	·29	—	·50	·20	—	489	44	22
1900	—	·01	1·09	·39	·31	·12	·51	·34	1·12	·29	—	·21	·17	—	481	43	20
1901	—	·01	·02	·27	·37	·13	·28	·30	1·18	·27	—	·46	·17	—	597	52	20
1902	·008	·08	·89	·38	·23	·15	·34	·29	·68	·23	—	·18	·13	—	389	33	164
1903	—	·02	·06	·27	·31	·12	·42	·27	·34	·18	—	·35	·10	—	293	24	146
1904	—	·01	·81	·36	·16	·11	·42	·34	·26	·17	—	·34	·09	—	460	37	194
1905	—	—	·65	·32	·09	·11	·43	·25	·13	·16	—	·12	·09	·008	354	27	152
1906	—	—	·18	·27	·07	·10	·20	·23	·18	·17	—	·15	·09	—	311	24	173
1907	—	—	·50	·36	·07	·09	·19	·29	·14	16	—	·16	·07	—	292	21	126
1908	—	—	·73	·22	·05	·08	·39	·27	·23	·15	—	·15	·07	—	535	38	129
1909	—	—	·33	·35	·10	·09	·19	·20	·24	·14	—	·03	·06	—	258	18	112
1910	—	—	·17	·23	·16	·06	·27	·24	·10	·12	—	·08	·05	—	232	16	99
1911	—	—	·94	·36	·12	·05	·12	·21	·14	·13	—	·12	·07	—	533	35	188
1912	—	—	·80	·35	·12	·05	·51	·23	·12	·11	—	·10	·04	—	300	19	—
1913	—	—	·35	·28	·14	·06	·09	·14	·33	·12	—	·08	·04	—	334	21	—
1914	—	—	·52	·24	·06	·08	·27	·21	·20	·15	—	·03	·05	—	282	17	—

Table 14

Actual number of Deaths from All Causes and from the principal Zymotic Diseases in each Ward during 1914.

Wards.	Population.	All Causes.	Zymotic	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid Fever.	Diarrhoea.
1	14,678	248	29	—	7	—	8	6	1	7
2	17,316	248	24	—	11	1	—	1	—	11
3	12,225	164	24	—	16	2	1	—	—	3
4	12,547	195	22	—	9	—	5	—	—	8
5	15,881	223	31	—	10	—	7	6	1	7
6	15,243	241	27	—	7	—	2	6	—	12
7	12,367	208	16	—	1	2	2	1	1	9
8	17,670	229	20	—	—	1	6	4	1	8
9	24,620	336	47	—	9	4	7	9	1	17
10	20,045	318	42	—	14	—	6	3	—	19
Rhondda	162,592	2,410	282	—	84	10	44	36	5	103

Table 15.

The Death-rate per 1,000 from All Causes and from the principal Zymotic Diseases in the 10 Wards during 1914.

WARD3.		All Causes.	Zymotic.	Small Pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid Fever.	Diarrhoea and Epidemic Enteritis.
1	..	16·9	2·0	—	·48	—	·55	·41	·07	·47
2	..	14·3	1·4	—	·63	·06	—	·06	—	·63
3	..	13·4	1·9	—	1·31	·16	·08	—	—	·41
4	..	15·5	1·7	—	·72	—	·39	—	—	·64
5	..	14·0	2·0	—	·58	—	·44	·38	·06	·44
6	..	15·8	1·7	—	·39	—	·13	·39	—	·79
7	..	16·8	1·3	—	·08	·16	·16	·08	·08	·73
8	..	12·9	1·1	—	—	·06	·34	·22	·06	·45
9	..	13·6	1·9	—	·36	·16	·28	·36	·04	·70
10	..	15·8	2·0	—	·70	—	·30	·15	—	·94
Rhondda		14·8	1·7	—	·52	·06	·27	·20	·03	·62

Table 16.

Incidence of Notifiable Infectious Diseases in the Administrative County of Glamorgan and in the County Boroughs situated in the County of Glamorgan.

	Estimated Population in the middle of 1914	Small Pox.		Scarlet Fever		Diphtheria.		Enteric Fever.		Puerperal Fever.		Erysipelas.	
		Cases.	Rate.	Cases.	Rate.	Cases.	Rate.	Cases.	Rate.	Cases.	Rate.	Cases.	Rate.
Administrative County	796,060	—	—	4,503	5·66	1,429	1·80	110	0·14	63	0·08	507	0·64
County Boroughs:—													
Cardiff	186,763	3	0·02	1,085	5·81	621	3·33	28	0·15	11	0·06	125	0·67
Merthyr Tydfil	83,946	—	—	162	1·93	140	1·67	13	0·15	1	0·01	58	0·69
Swansea	119,720	—	—	867	7·24	108	0·90	12	0·10	9	0·08	59	0·49

Table 17.

Incidence of Notifiable Infectious Diseases in the Urban and Rural Districts in the County of Glamorgan.

	Estimated Population in the middle of 1914.	Small pox.		Scarlet Fever.		Diph- theria.		Enteric Fever.		Puer- peral Fever.		Erysi- pelas.	
		Cases.	Rate.	Cases.	Rate.	Cases.	Rate.	Cases.	Rate.	Cases.	Rate.	Cases.	Rate.
Urban Districts :—													
Aberavon	11,247	—	—	49	4·36	12	1·07	1	0·09	—	—	8	0·71
Aberdare	52,706	—	—	138	2·62	60	1·14	6	0·11	4	0·08	28	0·53
Barry	35,455	—	—	288	8·12	199	5·61	27	0·76	—	—	47	1·33
Bridgend	8,454	—	—	45	5·32	18	2·13	—	—	—	—	2	0·24
Briton Ferry	8,849	—	—	19	2·15	6	0·68	—	—	—	—	1	0·11
Caerphilly	37,118	—	—	234	6·30	107	2·88	3	0·08	4	0·11	21	0·57
Cowbridge	1,158	—	—	—	—	1	0·86	—	—	—	—	1	0·86
Gelligaer	40,114	—	—	168	4·19	156	3·89	1	0·02	8	0·20	25	0·62
Glyncorrwg	9,250	—	—	4	0·43	12	1·30	—	—	—	—	6	0·65
Maesteg	27,481	—	—	126	4·58	23	0·84	1	0·04	1	0·04	12	0·44
Margam	16,145	—	—	83	5·14	23	1·42	—	—	1	0·06	12	0·74
Mountain Ash	45,049	—	—	461	10·23	82	1·82	7	0·16	6	0·13	34	0·75
Neath	18,557	—	—	153	8·24	18	0·97	5	0·27	4	0·22	20	0·08
Ogmore & Garw	28,458	—	—	109	3·83	44	1·55	3	0·11	1	0·04	12	0·42
Oystermouth	6,509	—	—	55	8·45	7	1·08	4	0·61	1	0·15	2	0·31
Penarth	15,805	—	—	39	2·47	9	0·57	—	—	—	—	5	0·32
Pontypridd	45,949	—	—	189	4·11	60	1·31	5	0·11	2	0·04	20	0·44
Porthcawl	3,839	—	—	7	1·82	1	0·26	—	—	—	—	—	—
Rhondda	162,592	—	—	825	5·07	224	1·37	23	0·14	20	0·13	113	0·69
Rural Districts :—													
Cowbridge	8,212	—	—	42	5·11	31	3·77	—	—	—	—	6	0·73
Gower	8,963	—	—	20	2·23	5	0·56	2	0·22	—	—	2	0·22
Llandaff & Dinas Powis	35,751	—	—	125	3·50	102	2·85	6	0·17	1	0·03	19	0·53
Llantrisant and Llantwit Fardre	18,899	—	—	272	14·39	52	2·75	4	0·21	—	—	8	0·42
Neath	44,962	—	—	393	8·74	70	1·56	8	0·18	1	0·02	19	0·42
Penybont	23,831	—	—	133	5·58	62	2·60	2	0·08	2	0·08	51	2·14
Pontardawe	34,153	—	—	271	7·93	22	0·64	—	—	1	0·03	11	0·32
Swansea	46,554	—	—	255	5·48	25	0·54	2	0·04	5	0·11	23	0·49

Table 18.

Showing the number of cases, and incidence of the Notifiable Diseases in the Rhondda since compulsory notification was adopted in 1894.

Year.		Cases Notified.	Estimated Population.	Incidence per 1,000 of Population.
1894	...	625	95,904	6.6
1895	...	933	98,356	9.5
1896	...	1,241	100,870	12.3
1897	...	1,031	103,445	9.9
1898	...	1,652	106,094	15.6
1899	...	2,700	108,807	24.8
1900	...	3,214	111,587	28.8
1901	...	3,039	114,587	26.5
1902	...	1,879	118,020	15.9
1903	...	1,597	121,557	13.1
1904	...	1,240	125,199	9.9
1905	...	534	128,951	4.1
1906	...	779	132,814	5.9
1907	...	773	136,794	5.7
1908	...	862	140,894	6.1
1909	...	1,091	145,116	7.5
1910	...	1,530	149,464	10.2
1911	...	1,261	153,775	8.2
1912	...	1,652	157,951	10.5
1913	...	1,820	162,137	11.2
1914	...	1,646	162,590	10.1

Table 19.—Scarlet Fever Notifications in the Ten Wards, 1894-1914.

WARDS.	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914
1	86	152	46	82	35	12	63	147	72	21	36	26	11	15	53	67	201	38	59	65	58
2	86	67	40	136	94	56	158	145	33	26	26	15	37	29	120	43	84	286	196	147	95
3	79	89	24	82	77	23	158	66	92	11	18	26	23	9	15	10	132	112	42	64	46
4	69	122	90	44	64	12	228	210	46	72	32	17	31	32	59	51	114	124	76	51	41
5	2	85	200	74	5	26	402	116	22	73	68	1	16	8	61	110	92	49	171	78	65
6	8	26	203	29	12	13	242	79	21	117	68	36	77	19	11	53	104	26	72	39	30
7	28	61	76	11	6	25	129	120	39	157	22	6	44	30	45	25	141	62	65	114	65
8	47	22	202	65	40	47	91	106	241	114	20	19	90	19	36	82	199	66	146	53	79
9	23	57	86	26	53	224	91	213	94	157	58	29	16	33	37	205	153	117	68	152	177
10	13	24	6	25	22	96	266	191	173	124	100	28	17	150	70	155	36	17	31	176	169
Rhondda	441	704	973	574	408	534	1,828	1,393	833	872	448	203	362	346	507	801	1,256	897	926	939	825

Table 20.—Scarlet Fever cases notified each month in the respective Wards in the Rhondda during 1914.

WARDS.	1		2		3		4		5		6		7		8		9		10		Monthly Total.	
	Cases Notified.	Primary Cases.	Cases Notified	Primary Cases.	Cases Notified	Primary Cases.	Cases Notified	Primary Cases.	Cases Notified	Primary Cases.	Cases Notified	Primary Cases.	Cases Notified	Primary Cases.	Cases Notified	Primary Cases.	Cases Notified	Primary Cases.	Cases Notified			
Cases.																						
January	8	6	12	9	3	3	2	2	3	6	4	5	5	4	5	4	35	25	21	15	100	76
February	5	3	9	8	4	3	2	2	4	4	2	8	6	5	5	5	23	15	15	11	78	59
March	8	4	4	3	11	5	6	5	12	2	2	7	6	4	10	4	19	16	15	11	88	67
April	10	7	2	2	10	2	3	2	11	2	2	2	2	4	7	4	16	12	18	15	73	58
May	1	1	10	10	3	2	1	1	3	2	1	2	2	4	14	4	18	14	11	10	54	47
June	4	1	11	11	1	1	5	4	1	1	2	1	1	3	3	3	16	16	7	6	51	49
July	1	1	5	4	4	1	6	5	4	3	—	—	—	1	1	1	4	4	9	8	31	27
August	5	2	5	4	3	5	1	1	3	2	2	2	4	1	1	1	5	5	9	9	49	35
September	5	3	8	8	5	4	1	1	5	5	3	3	6	5	6	5	7	7	12	10	58	51
October	5	3	8	7	—	7	9	8	—	1	1	1	14	11	21	21	16	14	22	20	105	92
November	3	3	12	9	16	5	2	2	10	2	2	2	9	5	10	9	15	12	19	16	93	73
December	3	3	9	8	3	4	3	3	3	2	2	2	7	7	5	5	3	3	6	4	45	41
Rhondda	58	40	95	83	46	42	41	36	65	53	30	23	65	54	79	66	177	143	169	135	825	675

Table 21.

Ages of those attacked with Scarlet Fever in the Rhondda during 1914.

Ages.			Under 1 Year.	1 to 2 Years.	2 to 3 Years.	3 to 4 Years	4 to 5 Years.	5 to 12 Years.	12 to 15 Years.	15 to 25 Years.	25 Years & Upwards.	All Ages.
Cases	...	..	6	27	68	62	92	423	77	48	22	825
Deaths	...	...	—	1	3	1	1	4	—	—	—	10
Per Cent. of Deaths to Cases.			—	3·7	4·4	1·6	1·1	·9	—	—	—	1·2

Table 22.

Number of Cases and Deaths from Scarlet Fever in the Rhondda, with case-mortality during the years 1894—1914.

Year.		Number of Cases Notified.		Number of Deaths.		Mortality per cent. of Cases.
1894	...	441	...	12	...	2.7
1895	...	704	...	27	...	2.7
1896	...	973	...	43	...	4.4
1897	...	574	...	19	...	3.1
1898	...	408	...	14	...	3.4
1899	...	534	...	10	...	1.8
1900	...	1,823	...	35	...	3.0
1901	...	1,393	...	43	...	3.0
1902	...	833	...	27	...	4.3
1903	...	872	...	38	...	4.3
1904	...	448	...	20	...	3.4
1905	...	203	...	11	...	5.4
1906	...	362	...	9	...	2.5
1907	...	346	...	9	...	2.6
1908	...	507	...	7	...	1.4
1909	...	801	...	15	...	1.9
1910	...	1,256	...	24	...	1.9
1911	...	897	...	19	...	2.1
1912	...	926	...	19	...	2.1
1913	...	939	...	22	...	2.3
1914	...	825	...	10	...	1.2

Table 23.

Scarlet Fever Notifications, 1914, and ages of those attacked.

Wards.	Under 1 Year.	1 to 2 Years.	2 to 3 Years.	3 to 4 Years.	4 to 5 Years.	5 to 12 Years.	12 to 15 Years.	15 to 25 Years.	25 Years and Upwards.	Total.
1	—	2	4	2	7	30	8	2	3	58
2	2	4	9	8	6	41	10	12	3	95
3	—	1	6	5	3	22	6	1	2	46
4	—	1	3	2	3	24	4	3	1	41
5	1	1	2	5	8	30	7	8	3	65
6	—	—	4	3	3	12	6	1	1	30
7	—	2	7	8	4	39	3	2	—	65
8	—	5	4	3	11	48	3	4	1	79
9	—	9	14	12	26	86	14	10	6	177
10	3	2	15	14	21	91	16	5	2	169
Rhondda	6	27	68	62	92	423	77	48	22	825

Table 24.

Scarlet Fever cases in the Rhondda during 1914.

WARDS.		Total Cases.	Newly-Infected Houses.	Ages of first attacked.				Attending no School.
				Under 3 Years.	3 to 5 Years.	5 to 12 Years.	12 Years and upwards.	
1	...	58	40	2	5	24	9	4
2	...	95	83	12	13	35	23	27
3	...	46	42	6	7	21	8	4
4	...	41	36	4	4	20	8	1
5	...	65	53	2	11	24	16	9
6	..	30	23	3	5	7	8	7
7	...	65	54	9	9	31	5	17
8	...	79	66	6	12	40	8	13
9	...	177	143	19	29	70	25	33
10	...	169	135	14	27	76	18	36
Rhondda	...	825	675	77	122	348	128	151

Table 25.

Particulars as to the number of occupants in Scarlet Fever-infected houses.

WARDS.		Number of Houses.	Number of Houses letting Lodgings.	Number of Occupants.			Persons per House.
				Occu- piers.	Lodgers.	Total.	
1	..	40	22	224	40	264	6·6
2	.	83	40	449	87	536	6·5
3	...	42	20	219	37	256	6·1
4	..	36	15	196	28	224	6·2
5	...	53	31	255	102	357	6·7
6	...	23	13	126	36	162	7·0
7	...	54	23	273	49	322	6·0
8	..	66	35	321	78	399	6·0
9	..	143	79	759	189	948	6·6
10	.	135	76	760	175	935	6·9]
Rhondda	..	675	354	3582	821	4403	6·5

Table 26.—Diphtheria Notifications in the Ten Wards 1894—1914.

WARDS.	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914
1	13	21	3	16	24	12	13	20	22	20	10	12	3	9	4	8	5	16	13	32	10
2	5	4	8	68	92	59	96	135	174	36	10	9	5	6	10	2	9	17	13	6	18
3	1	4	—	41	6	8	126	63	74	92	14	8	6	19	8	12	4	11	15	20	7
4	—	6	12	20	22	4	119	292	100	42	31	32	17	16	20	24	19	15	17	48	22
5	4	6	14	8	1	123	93	78	14	19	32	12	18	9	7	12	10	10	3	11	30
6	—	—	12	21	139	177	28	71	8	16	70	19	30	12	9	14	8	3	5	7	22
7	1	—	—	17	22	110	34	24	17	16	17	7	13	7	19	8	13	13	6	17	12
8	3	14	7	16	348	803	195	151	98	47	13	19	25	15	28	10	5	9	8	41	25
9	2	4	3	26	129	283	91	63	79	24	11	9	15	16	45	36	18	15	30	62	44
10	—	7	26	14	100	225	307	231	171	15	6	12	62	68	35	51	15	17	95	62	34
Totals ...	29	66	79	247	883	1804	1102	1128	757	327	214	139	194	177	185	177	106	126	205	306	224
Deaths ...	29	66	54	78	146	186	125	135	81	42	32	16	15	20	32	35	15	21	19	53	36
Per cent. of deaths to cases	100	100	68·3	31·5	16·8	10·3	11·3	11·9	10·7	12·8	14·9	11·5	12·9	11·3	17·3	19·8	14·2	16·7	9·3	17·3	16·0

Table 27—The number of Cases notified, and Deaths registered from Diphtheria during each month for the ten years 1905—1914.

MONTH.	1905.		1906.		1907.		1908.		1909.		1910.		1911.		1912.		1913.		1914.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
January	16	1	18	3	34	5	16	4	12	1	10	1	21	5	20	3	36	11	34	8
February	13	2	11	3	20	1	14	2	18	3	7	—	16	2	12	1	34	6	27	5
March	16	1	11	3	13	1	13	—	18	5	13	1	7	1	14	2	19	5	27	3
April	14	1	19	1	14	2	15	2	19	6	6	1	13	1	10	—	22	4	21	3
May	8	2	11	1	17	2	17	2	14	4	8	1	11	4	12	2	21	3	15	—
June	8	—	10	—	5	1	18	3	8	2	8	2	6	—	5	—	24	4	10	1
July	12	1	10	2	6	1	22	4	13	1	7	1	5	—	14	1	26	2	19	4
August	5	3	4	2	13	—	13	4	14	1	7	1	5	1	13	2	22	2	7	1
September	10	—	37	6	17	1	13	1	12	2	12	2	4	—	24	1	17	2	9	1
October	15	1	33	—	15	1	13	3	18	4	10	3	14	2	26	1	38	7	14	2
November	10	1	19	—	11	1	17	3	15	4	6	1	13	3	25	5	24	5	28	4
December	12	3	11	4	12	4	14	4	16	2	12	1	11	2	30	1	23	2	13	4
Totals	139	16	194	25	177	20	185	32	177	35	106	15	126	21	205	19	306	53	224	36

Table 28—Diphtheria Cases notified each month in the respective Wards in the Rhondda during 1914.

Wards.	1		2		3		4		5		6		7		8		9		10		Monthly Total.
	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	
...	10	10	18	17	7	7	22	18	30	28	22	21	12	11	24	23	45	45	34	27	207
January	—	—	1	2	—	—	4	3	4	4	7	7	3	3	3	2	6	4	6	5	32
February	2	—	2	2	—	—	3	2	7	7	3	3	—	—	—	4	4	2	2	2	25
March	—	1	2	—	2	2	4	2	2	5	4	4	—	—	—	1	2	2	4	5	22
April	1	1	—	—	—	—	2	1	6	—	1	1	1	1	3	3	5	5	3	3	19
May	1	1	2	2	—	—	—	—	—	—	—	—	—	—	2	2	6	6	2	2	15
June	—	—	2	2	—	—	1	1	2	2	—	—	1	1	—	—	2	2	2	2	10
July	3	3	2	2	—	—	6	5	1	1	—	—	—	—	2	2	4	4	1	1	18
August	2	2	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	1	7
September	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2	1	8
October	1	1	—	—	—	—	—	—	3	2	1	—	1	1	1	1	4	4	4	4	13
November	—	—	4	3	—	—	2	—	4	4	1	1	1	1	5	5	9	9	1	1	27
December	—	—	3	3	1	1	—	—	—	—	5	4	3	2	—	—	1	1	—	—	11
Rhondda	10	10	18	17	7	7	22	18	30	28	22	21	12	11	24	23	45	45	34	27	207

Table 29.

Ages of those attacked with Diphtheria in the Rhondda during 1914, with case death-rate.

Ages.			Under 1 Year.	1 to 2 Years.	2 to 3 Years.	3 to 4 Years.	4 to 5 Years.	5 to 12 Years.	12 to 15 Years.	15 to 25 Years.	25 years and upwards.	All Ages.
Cases ..	..	..	4	16	15	27	23	116	11	7	5	224
Deaths	..	..	3	3	4	8	9	9	—	—	—	36
Percent of Deaths to Cases			75	18·8	26·7	29·6	39·1	7·7	—	—	—	16·0

Table 30.

Diphtheria Cases in 1914, and ages of those attacked.

WARDS.		Under 1 Year.	1 to 2 Years.	2 to 3 Years.	3 to 4 Years.	4 to 5 Years.	5 to 12 Years.	12 to 15 Years.	15 to 25 Years.	25 Years and Upwards.	Total.
1	...	—	1	1	3	1	4	—	—	—	10
2	..	1	2	1	1	2	10	1	—	—	18
3	..	—	—	1	—	—	4	1	—	1	7
4	..	—	1	2	1	3	10	1	2	2	22
5	..	—	4	6	6	2	9	1	1	1	30
6	..	—	3	2	3	3	9	1	1	—	22
7	...	—	1	—	4	—	5	1	1	—	12
8	..	1	2	—	3	3	14	2	—	—	25
9	..	1	1	2	3	6	29	1	1	—	44
10	..	1	1	—	3	3	22	2	1	1	34
Rhondda ..	..	4	16	15	27	23	116	11	7	5	224

Table 31.

Diphtheria Cases in the Rhondda during 1914.

WARDS.		Total Cases.	Newly-Infected Houses.	Ages of first Attacked.				Attending no School.
				Under 3 Years.	3 to 5 Years.	5 to 12 Years.	12 Years & Upwards.	
1	...	10	10	2	4	4	—	6
2	..	18	17	4	2	10	1	7
3	...	7	7	1	—	4	2	1
4	...	22	18	3	2	8	5	—
5	...	30	28	9	8	8	3	9
6	...	22	21	5	5	9	2	11
7	...	12	11	1	4	4	2	4
8	...	25	24	3	6	13	2	10
9	...	44	44	4	9	29	2	9
10	..	34	27	1	6	16	4	8
Rhondda		... 224	207	33	46	105	23	65

Table 32.

Particulars as to the number of occupants in Diphtheria-Infected houses during 1914.

WARDS.		Number of Houses.	Number of Houses letting Lodgings.	Number of Occupants.			Persons per House.
				Occupiers.	Lodgers.	Total.	
1	...	10	6	49	14	63	6·3
2	...	17	11	88	22	110	6·5
3	...	7	6	37	12	49	7·0
4	..	18	5	100	8	108	6·0
5	...	28	13	172	23	195	7·0
6	..	21	13	105	35	140	6·7
7	.	11	4	52	12	64	5·8
8	...	24	17	128	44	172	7·1
9	...	44	21	245	49	294	6·7
10	...	27	16	158	29	187	6·9
Rhondda	...	207	112	1134	248	1382	6·7

Table 33—Typhoid Fever Notifications.

WARDS.	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914
1	5	21	17	17	13	17	19	70	22	19	23	15	9	20	23	—	8	9	1	1	2
2	4	8	10	55	13	17	14	40	1	7	18	4	22	35	5	3	2	10	7	3	2
3	11	3	6	1	25	5	13	37	4	1	5	—	2	1	1	3	40	64	2	3	1
4	10	42	8	8	87	39	16	39	20	9	150	13	17	9	4	8	7	20	9	5	—
5	38	34	21	31	23	19	14	19	10	7	10	3	3	39	9	3	4	2	3	12	4
6	10	12	17	15	34	16	6	4	3	4	221	31	21	8	16	6	4	3	—	—	2
7	12	4	15	19	17	25	3	12	16	33	12	8	12	7	2	2	1	2	7	4	5
8	7	7	23	37	86	50	27	28	9	175	25	15	18	11	16	14	13	8	29	14	2
9	40	13	30	19	43	115	42	22	13	9	11	12	21	8	8	4	6	18	12	6	4
10	18	9	6	8	20	59	18	37	19	11	5	7	1	11	11	4	3	2	1	2	1
Rhondda	155	153	153	210	361	362	172	308	117	275	480	108	126	149	96	47	88	138	71	50	23

Table 34—Typhoid Fever cases notified each month in the respective Wards in the Rhondda during 1914.

WARDS.	1		2		3		4		5		6		7		8		9		10		Monthly Total.	
	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	Primary Cases.	Cases Notified.	
January	1	1	—	—	1	1	—	—	1	1	1	1	1	1	—	—	1	1	—	—	5	
February	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
March	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	2	
April	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	2	
May	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	
June	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
July	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	2	
August	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	2	
September	—	—	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	
October	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—	—	2	
November	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	1	—	3	
December	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Rhondda	2	2	2	2	1	1	—	—	4	4	2	2	5	5	2	2	4	4	1	1	23	

Table 35.

Typhoid Fever in the Rhondda during 1914, and ages of those attacked, with case death-rate.

Ages.				Under 1 Year.	1 to 5 Years.	5 to 15 Years.	15 to 25 Years.	25 to 65 Years.	65 Years & upwards	All Ages.
Cases	—	—	10	7	6	—	23
Deaths	—	—	2	1	2	—	5
Per Cent. of Deaths to Cases	..			—	—	20	14·3	33·3	—	21·7

Table 36.

Showing the number of cases of Typhoid Fever, the number of deaths, and the case mortality since 1894.

Year.		Number of Cases Notified.		Number of Deaths.		Mortality per cent. of Cases.
1894	...	155	...	28	...	18.0
1895	...	153	...	25	...	16.0
1896	...	153	...	28	...	18.0
1897	...	210	...	28	...	13.0
1898	...	361	...	40	...	11.0
1899	...	362	...	55	...	15.0
1900	...	172	...	24	...	13.9
1901	...	308	...	53	...	16.8
1902	...	117	...	22	...	18.8
1903	...	275	...	44	...	16.0
1904	...	480	...	42	...	8.7
1905	...	108	...	16	...	14.8
1906	...	126	...	20	...	15.9
1907	...	149	...	22	...	14.8
1908	...	96	...	21	...	21.9
1909	...	47	...	4	...	8.5
1910	...	88	...	12	...	13.6
1911	...	138	...	18	...	13.0
1912	...	71	...	16	...	22.5
1913	...	50	...	13	...	26.0
1914	...	23	...	5	...	21.7

Table 37.

Typhoid Fever Notifications, 1914, and ages of those attacked.

WARDS.		Under 1 Year.	1 to 2 Years.	2 to 3 Years.	3 to 4 Years.	4 to 5 Years.	5 to 12 Years.	12 to 15 Years.	15 to 25 Years.	25 to 65 Years	65 Years and Upwards.	All Ages.
1	...	—	—	—	—	—	1	—	—	1	—	2
2	...	—	—	—	—	—	—	—	2	—	—	2
3	...	—	—	—	—	—	1	—	—	—	—	1
4	...	—	—	—	—	—	—	—	—	—	—	—
5	...	—	—	—	—	—	1	—	2	1	—	4
6	...	—	—	—	—	—	—	1	1	—	—	2
7	...	—	—	—	—	—	2	1	1	1	—	5
8	...	—	—	—	—	—	—	—	—	2	—	2
9	...	—	—	—	—	—	2	1	1	—	—	4
10	...	—	—	—	—	—	—	—	—	1	—	1
Rhondda	...	—	—	—	—	—	7	3	7	6	—	23

Table 38.

Particulars as to the number of occupants in Typhoid Fever-infected Houses during 1914.

WARDS.		Number of Houses.	Number of Houses letting Lodgings.	Number of Occupants.			Persons per House.
				Occu- piers.	Lodgers.	Total.	
1	...	2	1	13	4	17	8·5
2	...	2	—	14	—	14	7·0
3	..	1	—	8	—	8	8·0
4	..	—	—	—	—	—	—
5	..	4	2	28	7	35	8·8
6	..	2	—	16	—	16	8·0
7	..	5	3	31	8	39	7·8
8	..	2	—	10	—	10	5·0
9	..	4	—	20	—	20	5·0
10	..	1	1	6	3	9	9·0
Rhondda	...	23	7	146	22	168	7·3

Table 39.

Details of Inspected Houses in which Notifiable Infectious Disease occurred during 1914.

Wards.	Number of Houses.	Number of Houses letting lodgings.	Number of Occupants.			Persons per House.
			Occupiers.	Lodgers.	Total.	
1	63	35	341	75	416	6·6
2	112	57	617	121	738	6·6
3	55	28	292	53	345	6·3
4	71	29	381	50	431	6·1
5	99	55	523	148	671	6·8
6	57	33	299	93	392	6·9
7	82	36	422	87	509	6·2
8	102	57	501	136	637	6·2
9	212	112	1,129	270	1,399	6·6
10	185	106	1,021	230	1,251	6·8
Rhondda	1,038	548	5,526	1,263	6,789	6·5

Table 41.—Puerperal Fever Notifications

WARDS	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914
1	4	2	1	1	—	—	—	4	6	—	1	1	1	—	1	1	—	1	—	1	1
2	2	2	3	1	—	3	2	3	4	2	3	—	2	2	—	—	1	—	1	—	—
3	—	—	1	—	—	1	—	2	—	3	1	—	—	1	1	—	3	—	1	—	2
4	—	4	—	—	—	—	—	—	3	1	—	3	3	5	1	4	1	2	2	3	2
5	8	6	7	4	2	5	4	1	7	1	2	2	3	3	2	1	—	—	3	—	3
6	1	1	5	4	5	4	3	6	4	1	6	2	1	5	6	2	2	1	—	2	1
7	—	—	2	1	6	3	1	6	2	2	—	1	1	2	4	—	1	2	4	3	1
8	1	2	2	4	3	4	2	2	—	2	5	1	1	3	1	1	—	1	2	2	3
9	1	2	—	—	4	1	1	2	10	7	4	2	3	9	3	2	4	—	2	5	2
10	—	1	—	1	1	2	6	2	7	2	—	1	3	1	4	2	3	2	1	3	5
Rhondda.	17	20	21	16	21	23	19	28	43	21	22	13	18	31	23	13	13	12	15	20	20

Table 42.

Showing the number of deaths and death-rate from Puerperal Fever in the Rhondda during the years 1894—1914.

Years.		Number of Deaths.		Death-rate per 1,000.	Average of Ten Years.
1894	...	1717	.13
1895	...	12	...	.12
1896	...	21	...	.20
1897	...	10	...	.09
1898	...	4	...	.03
1899	...	16	...	.14
1900	...	9	...	.08
1901	...	21	...	.18
1902	...	23	...	.19
1903	...	11	...	.09
1904	...	907	.06
1905	...	4	...	.03
1906	...	8	...	.06
1907	...	16	...	.12
1908	...	11	...	.08
1909	...	5	...	.04
1910	...	7	...	.05
1911	...	8	...	.05
1912	...	5	...	.03
1913	...	13	...	.08
1914	...	704	

Table 43.

Showing the number of deaths and death-rate from Phthisis in the Rhondda during the years 1894—1914.

Year.		Number of Deaths.		Death- rate per 1,000.	Average of Ten Years.
1894	...	9093	.87
1895	...	82	...	.83
1896	...	89	...	.88
1897	...	108	...	1.04	
1898	...	103	...	.97
1899	...	94	...	.86
1900	...	83	...	.74
1901	...	107	...	.93
1902	...	99	...	.84
1903	...	90	...	.75
1904	...	11592	.73
1905	...	91	...	.71
1906	...	82	...	.62
1907	...	99	...	.72
1908	...	103	...	.73
1909	...	110	...	.76
1910	...	113	...	.76
1911	...	113	...	.73
1912	...	105	...	.66
1913	...	123	...	.76
1914	...	126	..	.77	

Table 44.

The following table gives the number of persons of known occupation, who died from Pulmonary Tuberculosis during the year:—

Bookseller	...	...	...	...	1
Boiler Fitter	...	...	...	...	1
Blacksmith	...	...	...	...	1
Clerks	...	...	...	...	2
Colliers	...	...	...	...	18
Colliery Engine Driver			...	...	1
„ Hauliers	...	...	...	...	9
„ Labourers	...	...	...	...	4
„ Lamp Boy	...	...	...	..	1
„ Rider	...	...	...	...	1
„ Roadman	...	...	...	...	1
„ Screenman	...	...	...	...	1
„ Shoeing Smith		...	...	...	1
„ Surveyor	...	...	...	...	1
„ Timbermen	...	...	...	...	2
Draper's Assistant	...	...	...	...	1
Dressmakers	...	...	...	...	3
Fitter	...	...	...	...	1
Grocer	...	...	...	...	1
Hairdresser	...	...	...	...	1
Haulier	...	...	...	...	1
Housekeeper	...	...	...	...	1
Labourers (General)	...	...	...	...	7
Licensed Victualler	...	...	...	...	1
Mason	...	...	...	...	1
„ (Monumental)	...	...	...	...	1
Rag and Bone Collector		...	...	...	1
Railway Yardman	...	...	...	...	1
Saleswoman (Fruit)	...	...	...	...	1
School Teachers	...	...	...	...	2
Servants (Domestic)	...	...	...	...	2
Shoemaker	...	...	...	...	1

Table 45.

Causes of Death as recorded by Coroner's Inquests.

YEAR.	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914
Accidents in Collieries ..	213	54	55	48	66	60	51	53	61	68
Alcoholism ..	1	—	—	1	2	—	—	—	3	1
Aneurism ..	—	—	1	1	2	2	1	—	—	—
Angina Pectoris ..	—	—	—	—	—	—	—	—	—	2
Apoplexy ..	—	1	4	2	3	2	4	2	3	3
Blood Poisoning ..	1	—	—	1	1	—	1	1	1	2
Burns ..	8	6	9	16	15	12	12	8	10	10
Cancer ..	—	—	—	—	—	—	—	1	—	—
Convulsions ..	4	2	6	7	3	6	5	4	8	9
Crushed by Cart ..	—	—	—	—	—	—	—	—	1	—
Crushed by Falling Building ..	—	—	—	1	—	—	—	—	—	—
Crushed by Locomotive ..	—	—	—	—	—	—	—	—	1	2
Crushed by Railway Wagon ..	—	1	—	—	2	—	—	1	3	2
Crushed by Wheel ..	—	—	—	—	—	1	—	—	—	—
Diarrhœa ..	—	—	—	—	1	—	1	1	1	1
Drowning ..	1	4	3	7	2	10	2	8	5	6
Epileptic Seizure ..	—	—	—	—	3	2	2	—	2	1
Explosion ..	—	1	—	—	—	—	—	—	—	—
Exposure ..	—	—	—	—	1	—	—	—	—	—
Falls ..	10	5	13	8	10	7	8	5	12	13
Foreign body in Air Passage ..	—	—	1	—	1	—	—	—	—	—
Found Dead ..	—	1	—	1	—	1	—	—	1	—
Fracture of Spine ..	1	2	—	—	—	1	—	—	1	—
Heart Disease ..	13	12	17	17	18	16	4	15	10	10
Heart Failure ..	—	—	—	—	—	—	—	—	3	—
Hæmorrhage ..	2	1	1	2	2	1	—	1	1	—
Imperfect Respiration ..	—	—	—	—	1	—	1	—	—	1
Influenza ..	—	—	—	—	—	—	—	—	1	—
Injury (character not stated) ..	—	—	1	—	—	1	—	—	1	—
Injury to Head ..	—	—	—	—	—	2	1	—	4	—
Kick of Horse ..	—	—	—	—	—	—	1	—	—	—
Malnutrition ..	—	—	—	2	—	—	1	—	—	—
Manslaughter ..	—	1	—	1	2	—	—	1	—	—
Meningitis ..	—	—	1	—	—	—	—	1	—	—
Motor Car Accidents ..	—	—	—	1	2	—	2	3	1	1
Murder ..	—	—	1	1	—	—	—	—	—	—
Myelitis ..	—	—	1	—	—	—	—	—	—	—
Natural Causes ..	7	1	1	4	1	1	3	5	—	2
Nephritis ..	—	—	—	—	—	—	—	—	—	1
Not Known ..	1	—	—	—	—	—	—	—	—	—
Old Age ..	—	—	—	1	—	—	2	—	—	1
Overlain ..	—	3	—	4	—	—	3	—	—	—
Peritonitis ..	—	—	—	1	—	—	—	3	—	1
Pneumonia ..	—	1	1	—	1	—	—	1	1	2
Poisoning ..	—	—	—	1	—	—	—	1	2	1
Poisoning (Ptomaine) ..	—	—	1	—	—	—	—	—	1	1
Premature Birth ..	—	—	—	—	1	—	2	1	2	2
Run over by Brake ..	—	—	—	1	—	—	—	—	—	—
Run over by Cart ..	5	—	3	3	—	2	3	—	1	1
Run over by Train ..	1	1	3	1	1	2	1	—	2	—
Run over by Tram ..	—	—	—	—	—	—	2	1	—	—
Rupture of the Heart ..	—	—	—	—	—	—	—	—	1	—
Scalds ..	3	13	7	12	8	6	9	9	11	7
Suffocation ..	2	2	6	—	2	2	4	4	3	8
Suicide ..	4	8	3	9	7	11	5	7	10	4
Syncope ..	—	—	—	4	3	3	7	5	2	1
Tuberculosis, Pulmonary ..	—	—	—	—	—	—	1	—	—	1
Tuberculosis of other parts ..	—	—	—	—	—	—	—	—	—	1
Rhondda ..	277	119	139	158	161	151	139	142	170	166

Table 46.

Showing the death-rate in the Rhondda, and the actual number of deaths from all causes, and from all causes excluding deaths from Colliery Explosions, during the years 1894—1914.

Year.	All Causes.			All causes except from Colliery Explosions.		
	Number of Deaths.	Death-rate per 1,000	Average of Ten Years.	Number of Deaths.	Death-rate per 1,000.	Average of Ten Years
1894	1,706	17·7	19·9	1,706	17·7	19·8
1895	2,246	22·8		2,239	22·6	
1896	2,105	20·8		2,049	20·4	
1897	2,049	20·1		2,049	20·1	
1898	1,979	18·8		1,979	18·8	
1899	2,419	22·4		2,419	22·4	
1900	2,227	19·9		2,227	19·9	
1901	2,469	21·2		2,469	21·2	
1902	2,243	18·6		2,243	18·6	
1903	1,998	16·4		1,998	16·4	
1904	2,345	18·7	16·0	2,345	18·7	15·8
1905	2,402	18·6		2,250	17·4	
1906	2,074	15·6		2,073	15·6	
1907	2,133	15·6		2,133	15·6	
1908	2,516	17·9		2,516	17·9	
1909	2,231	15·4		2,231	15·4	
1910	2,181	14·6		2,181	14·6	
1911	2,352	15·3		2,352	15·3	
1912	2,182	13·8		2,182	13·8	
1913	2,360	14·6		2,360	14·6	
1914	2,410	14·8		2,410	14·8	

Table 47.

Table of plans of new dwelling-houses passed since 1889.

Year.		Houses.	Year.		Houses.
1889	..	372	1902	...	849
1890	...	829	1903	...	1,036
1891	...	1,187	1904	...	527
1892	...	883	1905	..	796
1893	..	768	1906	...	735
1894	...	1,317	1907	...	856
1895	...	544	1908	..	1,134
1896	...	459	1909	..	1,435
1897	...	425	1910	...	1,012
1898	...	156	1911	...	659
1899	..	159	1912	-	431
1900	..	345	1913	...	325
1901	...	451	1914	...	369

Table 48.

Table of analysis of plans submitted to the Council in course of the year 1914.

			Plans submitted during the year ended 31st Dec. 1914.	Plans rejected during the year ended 31st Dec. 1914.	Total Approved.	
Cottages and Villas	...	...	377	...	8	369
Shops	...	...	19	...	8	11
Lock-up Shops	...	...	5	...	—	5
Halls and Theatres	...	...	9	...	1	8
Chapel	...	...	1	..	—	1
Stables	...	...	25	...	5	20
Coach-houses	...	...	11	...	2	9
Cow Sheds	...	...	3	...	1	2
Piggeries	...	...	4	...	1	3
Workshops	...	..	7	...	1	6
Urinals and W.C.'s	...	...	7	...	—	7
Alterations and Additions	...	...	206	...	31	175
New Streets...	...	...	10	...	1	9
			684	59		625

Table 49.

Summary of District Inspectors' Work, 1914.

DISTRICT.	1	2	3	4	5	6	Total.
Accumulation of Refuse	20	23	12	6	2	21	84
" " Manure ..	4	7	14	6	5	8	44
Blocked Drain ..	157	88	80	114	197	91	727
Blocked W.C. ..	43	40	51	93	39	45	311
Defective Drain ..	17	13	8	19	39	43	139
Lip Trap to Gully Trap	11	—	—	5	8	1	25
Unventilated Drain ...	1	—	—	—	1	—	2
Defective Ventilating Pipe	2	2	—	—	3	1	8
Waste Pipe Direct ...	1	2	—	—	—	—	3
No Water in W.C. ...	8	4	4	6	28	38	88
Dilapidated or Filthy W.C.	38	15	39	13	11	48	164
No W.C. ...	—	—	—	5	1	—	6
Dilapidated Back Area	23	8	3	18	13	38	103
Defective or no Rain Water Shoots	33	13	25	23	43	30	167
Dirty Houses ..	7	2	1	2	18	5	35
Overcrowding ..	15	10	2	6	23	5	61
Animals as a Nuisance	10	2	1	—	6	3	22
Damp and Dilapidated Houses	16	17	15	22	28	22	120
Insufficient Water Supply	—	—	—	—	21	—	21
Other Nuisances ...	28	14	9	—	16	—	67

Table 50.

Summary of District Inspectors' work during 1914, as reported to M.O.H. each week.

DISTRICT.	Total.	1	2	3	4	5	6
Cases of Infectious Disease investigated	1095	206	142	151	162	157	277
Revisits to:—							
Infected Houses	5885	892	499	436	647	1844	1567
Unabated Nuisances and Unremedied Defects	35176	5758	4924	5994	4842	7117	6541
Slaughter Houses	1978	311	211	190	132	99	135
Lodging Houses	271	—	157	—	114	—	—
Bakehouses	628	69	77	68	161	44	209
Dairies	244	58	39	19	52	13	63
Factories and Workshops	513	33	123	13	60	81	203
New Buildings (drains of)	904	137	59	279	223	148	53
Special Complaints received	344	27	63	107	40	2	5
Letters written to abate Nuisances :							
By Inspector	1314	317	222	199	180	196	200
Referred to M.O.H.	1779	329	148	198	253	475	376
Referred to Council	4259	540	649	555	716	1013	786
New Buildings certified	306	56	22	42	94	55	37
Drain connections :—							
No. of Connections made	103	22	11	13	32	20	5
No. of Houses connected	280	64	17	38	113	39	9
No. of Houses connected to date ..	27759	5422	4360	4547	4158	5061	4211
No. of Houses unconnected to date	306	29	12	58	69	67	71
Scavenging—Fines inflicted :—							
Without Brush	—	—	—	—	—	—	—
Without Bell	12/6	7/6	2/6	—	—	—	2/6
Neglecting Back Lanes..	70/-	25/-	—	30/-	5/-	—	10/-
Without Cover to Cart	12/6	2/6	—	—	7/6	—	2/6
Scavenging after 1 p.m.	55/-	35/-	10/-	10/-	—	—	—
Depositing on unauthorized ground	47/6	10/-	17/6	2/6	15/-	2/6	—
Failing to send out Cart	35/-	15/-	15/-	—	—	—	5/-
Leaving Dépôt Gate Unlocked ..	—	—	—	—	—	—	—
Neglecting to use Broom	—	—	—	—	—	—	—
Improper use of Cover	5/-	5/-	—	—	—	—	—
Neglecting to Clear Ashbin	5/-	5/-	—	—	—	—	—
Using Council's Cart for purpose other than performance of contract	10/-	10/-	—	—	—	—	—

Table 51.

Workshops and Workplaces in the Rhondda in each Inspector's District.

	1	2	3	4	5	6	Total.
Bootmakers ...	28	34	33	23	17	19	154
Bakers ..	35	32	27	25	23	22	164
Blacksmiths ...	4	4	4	4	4	2	22
Barbers ..	27	21	25	16	23	15	127
Carpenters ..	16	18	11	9	15	13	82
Fried Fish Shops ..	22	23	21	12	21	14	113
Coachmakers .	1	1	2	5	1	1	11
Cycle Repairers ..	2	2	2	—	1	1	8
Dressmakers .	44	43	33	12	23	27	182
Dressmakers and Milliners (comb.)	5	3	1	—	6	3	18
Glaziers ..	4	5	2	2	2	1	16
Jewellers ...	9	6	7	1	5	7	35
Milliners ...	24	17	15	6	6	9	77
Picture Framers ..	3	7	—	—	1	1	12
Printers ..	2	1	—	—	2	1	6
Plumbers ..	4	5	4	3	3	3	22
Saddlers ..	2	1	1	1	2	2	9
Monumental Masons ..	3	—	1	3	1	2	10
Sweet Makers ...	1	3	—	—	—	—	4
Tailors ..	16	24	9	7	2	8	66
Tinmen ..	1	2	1	1	2	1	8
Quarries ..	11	12	8	10	7	9	57
Totals .	264	264	207	149	167	161	1203

Table 52.

Premises requiring Periodical Inspection.

DISTRICT.	1	2	3	4	5	6	Whole District.
Bakehouses .	35	32	27	25	23	22	164
Cowsheds ...	16	19	7	13	12	8	75
Dairies and Milkshops	55	42	28	35	41	17	218
Lodging-Houses ...	—	7	—	4	—	—	11
Slaughter-houses ..	8	7	10	4	2	3	34
Offensive Trades ...	—	1	—	1	—	—	2

Table 53.

List of Licensed Common Lodging-houses in the District.

SITUATION OF PREMISES.	Authorised Number of Lodgers.
48 and 49, Carne Street, Pentre	45
100, William Street, Ystrad Rhondda	37
120, William Street, „	42
126, William Street „	19
1 and 2, Gelligaled Road „	22
Old Lamb Inn, Ystrad Rhondda	24
Moss House, Tyntyla Terrace, Ystrad Rhondda	19
46 and 47, Hendrecafn Road, Penygraig... ..	62
Old Talbot Arms, Talbot Terrace, Gilfach Goch	21
Old Brithweunydd Hotel, Dinas	73
Old Post Office, Dinas	44
Total Accommodation	408

Rhondda Urban District.

Table I.

Vital Statistics of Whole District during 1914, and previous years.

Year.	Population estimated to Mid- dle of each year.	BIRTHS.			Total Deaths registered in the District		Transferable Deaths.		Nett Deaths belonging to the District.			
		Uncorrected Number.	Nett.		Number.	Rate.	Of Non-Residents registered in the District. 8	Of Residents not registered in the District 9	Under 1 year of age.		At all ages.	
			Number 4	Rate. 5					Number 10	Rate per 1,000 nett births. 11	Numbe. 12	Rate. 13
1	2	3	4	5	6	7	8	9	10	11	12	13
1909	145,116	5,577	...	38·4	2,163	14·9	6	74	724	130	2,231	15·4
1910	149,464	5,628	...	37·7	2,106	14·0	13	88	770	137	2,181	14·6
1911	153,775	5,463	5,491	35·7	2,276	14·8	18	94	902	164	2,352	15·3
1912	157,951	5,202	5,236	33·1	2,108	13·3	30	104	666	127	2,182	13·8
1913	162,137	5,479	5,505	34·0	2,277	14·0	27	110	766	139	2,360	14·6
1914	162,592	5,541	5,558	34·2	2,336	14·4	39	113	762	137	2,410	14·8

NOTES :—This table is arranged to show the gross births and deaths in the district and the births and deaths properly belonging to it with the corresponding rates. For years before 1911 the corrected number of births is not available.

Rates in Columns 5, 7, and 13 are calculated per 1,000 of estimated population, corrected since census figures of 1911 became available.

The deaths included in Column 6 are the whole of those registered during the year as having actually occurred within the district. The deaths included in Column 12 are the number in Column 6, corrected by the subtraction of the number in Column 8, and the addition of the number in Column 9. Deaths in Column 10 are similarly corrected by the subtraction of deaths under one included in the number given in Column 8, and by the addition of the deaths under one included in the number given in Column 9.

“Transferable Deaths” are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided.

Area of District in acres }
 exclusive of area covered } 23,885.
 by water).

Table II. RHONDDA URBAN DISTRICT.

Cases of Infectious Disease notified during the year 1914.

Notifiable Disease.	Cases Notified in the whole District.								Total Cases notified in each Ward.										No. of Cases removed to the Hospital from each Ward.										
	At Ages—Years.																												
	All Ages.	Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and upwards	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	Total Cases removed to Hospital.
Small Pox	10	18	7	22	30	22	12	25	44	34	2	6	4	8	7	13	7	8	24	10	89
Cholera	10	10	3	15	11	10	11	7	19	17	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Group)	58	95	46	41	65	30	65	79	177	169	18	22	10	12	16	15	15	16	71	44	239
Erysipelas
Scarlet Fever
Typhus Fever
Enteric Fever
Relapsing Fever
Continued Fever
Puerperal Fever
Plague
Cerebro-Spinal Fever
Polionyelitis
Ophthalmia Neonatorum
Pulmonary Tuberculosis
Other Forms of Tuberculosis
TOTALS

The localities (Wards) adopted for this Table are the same as those in Table III.

Isolation Hospitals (provided by the Urban District Council) :—

1. Tyntyla Isolation Hospital (Ward 4)
2. Penrhys Isolation Hospital (Ward 9)

Total available beds, 110.

Number of Diseases that can be concurrently treated ; 5

Table III.—*continued.*

	27	1	3	2	3	1	6	10	1	15	6	2	2	18	2	1	2	5	4	2	...
18. Other Diseases of the Respiratory Organs	219	166	20	5	4	...	3	8	13	15	39	12	18	16	1	...	2	18	26	4	...
19. Diarrhoea and Enteritis ...	...	...	...	...	2	3	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
20. Appendicitis and Typhlitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
21. Cirrhosis of Liver	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
21a. Alcoholism	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
22. Nephritis and Bright's Diseases	52	2	1	5	4	...	...	17	9	7	7	2	2	6	...	...	...	...	...	...	...
23. Puerperal Fever ...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
24. Other Accidents and Diseases of Pregnancy and Parturition ...	17	...	...	...	...	6	11	...	...	...	4	1	1	4	1	...	1	1	2	2	...
25. Congenital Debility and Malformation, including Premature Birth	232	229	2	1	...	...	...	...	...	30	23	11	18	22	18	...	20	16	47	27	...
26. Violent Deaths, excluding Suicide	125	6	5	15	7	...	...	26	3	118	14	6	8	11	9	...	9	11	15	24	...
27. Suicide	5	...	...	...	...	...	...	2	...	1	1	1	1	...	...	...	...	...	...	1	...
28. Other Defined Diseases	433	102	14	14	11	...	...	98	137	45	42	38	25	32	46	...	37	46	59	63	...
29. Diseases ill-defined or unknown	9	4	...	1	...	1	1	2	...	...	1	2	...	3	...	...	1	...	...	2	...
Rhondda	2410	762	206	160	97	99	320	431	335	248	248	164	195	223	241	208	229	336	318	92	
Sub-entries included in above figures.																					
11 (a) Tabes Mesenterica	4	1	1	...	1	...	1	...	...	...	...	1	...	...	1	...	...	...	1	1	...
(b) General Tuberculosis	12	3	1	1	1	1	4	...	...	1	1	1	2	...	1	...	...	...	1	1	...
17 (a) Lobar Pneumonia	52	...	3	3	...	3	19	21	3	1	5	3	...	2	...	...	...	...	17	7	...
(b) Lobular Pneumonia	234	112	68	35	7	2	3	6	1	23	23	16	27	18	37	18	25	23	24	24	...
19 (a) Diarrhoea	103	83	10	4	1	...	1	2	3	7	11	5	8	7	12	9	8	17	19	19	...
(b) Gastritis	30	19	2	...	1	...	...	5	6	4	3	4	3	1	2	2	3	2	6	6	...
(c) Enteritis	86	64	8	1	2	...	2	...	4	4	25	2	...	8	4	5	7	7	7	16	...
25 (a) Congenital Malformations	27	27	...	...	...	...	...	...	...	2	1	...	...	3	3	5	2	8	1	1	...
(b) Premature Birth	99	99	...	...	...	...	...	...	...	10	11	6	9	12	9	4	5	23	10	10	...
(c) Atrophy, Debility, and Marasmus	105	102	2	1	...	...	...	...	...	18	11	3	9	7	6	11	9	15	16	16	...
(d) Atelectasis	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...

Table III.—continued.

[illegible]

Table IV.—Rhondda Urban District. Infantile Mortality, 1914. Nett Deaths from stated causes at various ages under one year of age. (*continued on next page.*)

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
ALL CAUSES	Certified	142	24	38	29	224	84	60	62	47	51	49	41	40	41	29	32	760
	Uncertified	2	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	2
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chicken-pox	..	..	..	..	1	1	..	..	..	..	1	..	..	2	..	5	5	21
Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	20
Scarlet Fever	..	..	..	..	..	..	2	1	3	1	2	3	1	..	1	..	..	3
Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
Diphtheria and Croup	..	..	..	..	..	..	1	..	..	1	..	1	..	..	..	..	..	1
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Tuberculous Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Abdominal Tuberculosis	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Other Tuberculous Diseases	..	..	..	..	..	..	..	..	2	1	1	..	..	1	2	..	1	5
Meningitis (not Tuberculous)	..	..	..	..	..	..	1	..	5	6	5	4	..	3	..	1	..	9
Convulsions	..	18	6	5	3	32	9	9	..	..	..	..	..	3	..	2	..	81
Laryngitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Bronchitis	..	..	1	4	1	6	13	6	11	4	5	6	1	5	3	2	2	64
Pneumonia (all forms)	..	..	..	..	1	1	8	11	12	8	14	17	8	9	8	8	8	112
Diarrhoea	..	..	..	1	1	2	8	8	10	7	8	6	7	10	9	5	3	83

Table IV.—continued

Enteritis	..	2	..	4	..	6	5	3	7	7	6	10	3	4	2	4	64
Gastritis	..	..	..	..	..	1	3	8	1	1	1	1	..	1	2	1	19
Syphilis	..	..	..	1	..	..	1	1	..	..	..	1	..	..	1	..	3
Rickets	..	..	..	..	..	..	1	..	..	..	..	1	..	2	1	1	5
Suffocation (overlying)	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Injury at Birth	..	4	..	..	..	4	..	..	..	..	..	..	..	..	..	..	4
Atelectasis	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1
Congenital Malformations	..	10	3	6	2	21	3	1	..	..	..	..	1	..	..	..	27
Premature Birth	..	72	8	5	6	91	6	1	1	1	..	2	2	..	..	..	99
Atrophy, Debility, and Marasmus	..	30	5	8	5	48	19	8	4	9	4	2	2	3	..	1	107
Other causes	..	7	..	4	..	11	4	3	5	2	1	2	..	1	..	1	32
TOTAL	..	144	24	38	20	223	84	60	62	47	51	49	41	40	29	32	762

Nett Births in the year { Legitimate 5,419
 { Illegitimate 139

5,505

Nett Deaths in the year of { Legitimate Infants, 735
 { Illegitimate Infants, 27

762

Rainfall Returns at Ty'nywaun Waterworks, Treherbert.
Height above Sea Level, 801 feet.

Furnished by Mr. OCTAVIUS THOMAS, Water Engineer to the Council.

MONTH.	YEAR 1905.				YEAR 1906.				YEAR 1907.			
	Total Depth.	Greatest fall in 24 hours.	Days '01 or more fell.		Total Depth.	Greatest fall in 24 hours.	Days '01 or more fell.		Total Depth.	Greatest fall in 24 hours.	Days '01 or more fell.	
		Depth Date				Depth Date				Depth Date		
January ...	3'90	'75 8	16		15'75	1'47 24	26		5'48	1'79 1	23	
February ...	4'16	1'12 25	19		7'66	'87 9	22		5'13	1'03 19	14	
March ...	11'92	2'21 10	23		6'77	1'52 10	16		5'17	1'84 16	14	
April ...	8'26	1'20 30	26		1'65	'49 24	13		6'00	'86 20	21	
May ...	'48	'34 1	5		7'93	1'54 5	22		4'96	'95 1	18	
June ...	9'15	1'62 20	18		3'20	'70 28	15		11'61	1'31 14	27	
July ...	2'58	1'12 1	16		2'34	'37 22	20		5'65	1'04 22	19	
August ...	10'61	2'38 4	23		6'88	1'59 1	19		9'28	1'47 8	24	
September ...	4'93	1'15 9	16		2'53	1'30 14	10		2'32	'57 2	8	
October ...	4'16	'80 29	14		13'31	1'73 2	27		11'02	1'06 29	30	
November ...	7'03	1'31 10	21		8'18	1'28 20	21		6'33	1'20 22	20	
December ...	3'53	1'03 7	14		5'09	'69 5	24		13'22	1'86 4	23	
Totals ...	70'71	2'38 4	211		81'29	1'73 2	235		86'17	1'86 4	241	
	YEAR 1908.				YEAR 1909.				YEAR 1910.			
January ..	8'35	2'11 16	18		4'30	'70 14	20		11'65	1'34 15	26	
February ...	5'55	1'44 16	24		1'45	'71 9	9		11'65	1'34 14	27	
March ..	7'58	1'28 4	23		7'96	1'56 24	24		3'30	1'07 1	8	
April ..	4'55	1'13 27	18		6'71	1'71 22	16		5'85	1'16 12	22	
May ..	6'74	1'39 5	20		2'85	1'13 24	9		4'43	'88 30	20	
June ..	1'75	'60 13	9		5'27	1'18 21	16		7'58	1'52 24	17	
July ..	8'41	2'18 9	13		6'33	1'20 27	23		8'29	1'50 20	19	
August ..	10'36	2'56 31	15		3'05	'45 17	14		12'44	1'79 18	27	
September ...	5'57	'99 3	23		7'80	2'78 28	12		'30	'16 14	7	
October ..	3'87	'96 18	16		19'24	2'65 15	26		6'50	1'18 31	16	
November ..	5'67	'93 21	17		4'26	1'87 28	16		10'22	1'43 13	23	
December ..	8'92	1'41 15	27		17'12	2'44 10	25		14'69	1'55 14	28	
Totals ..	77'32	2'56 31	223		86'34	2'78 28	210		96'90	1'79 18	240	
	YEAR 1911.				YEAR 1912.				YEAR 1913.			
January ...	5'12	1'03 6	17		11'06	1'49 4	22		15'45	1'74 31	27	
February ...	10'64	1'44 18	18		8'33	1'56 22	25		4'72	1'57 7	13	
March .	3'77	1'34 10	19		16'28	1'76 16	30		15'23	1'58 18	26	
April ..	6'23	1'36 21	17		0'78	'35 9	9		15'26	4'45 26	19	
May ..	5'83	1'70 3	11		2'65	'63 7	15		5'43	1'16 7	21	
June ..	6'32	1'30 17	16		9'40	1'35 27	27		5'15	1'75 9	16	
July ..	'56	'30 29	5		6'75	1'87 28	22		'84	'22 17	10	
August ..	6'50	'96 21	13		17'08	1'84 3	26		3'76	'99 22	13	
September .	5'75	1'92 19	16		1'76	'79 3	8		3'61	1'06 4	13	
October ...	6'02	1'52 21	15		9'55	1'76 26	19		8'0	1'23 7	22	
November ..	14'64	1'72 15	23		6'48	1'04 28	23		16'02	3'03 20	27	
December ..	24'70	2'03 8	29		16'83	2'01 11	29		5'90	1'38 26	19	
Totals ..	96'08	2'03 8	199		106'95	2'01 11	255		99'37	4'45 26	226	

RAINFALL RETURN AT TY'NYWAUN WATER-WORKS, TREHERBERT.

5-inch Gauge.

801 feet above Sea Level.

1914.

MONTH.			Total Depth.	Greatest fall in 24 hours.		Days '01 or more fell.
				Depth.	Date.	
January...	...	...	8·26	1·73	14	17
February	...	...	13·80	2·43	13	21
March ...	...	...	13·57	1·56	7	30
April ...	...	...	3·64	·78	4	14
May ...	...	...	5·27	1·40	7	15
June ...	...	...	2·71	1·32	9	12
July ...	...	...	8·30	1·98	19	20
August ...	...	...	7·63	1·32	25	16
September	...	...	4·35	1·18	13	13
October ...	...	...	4·89	1·16	22	15
November	...	...	10·73	1·88	29	22
December	...	...	15·76	2·73	17	27
Totals	...	...	98·91	2·73	Dec. 17	222

Meteorological Returns.—The Hospital, Ystrad-Rhondda. (Height above Sea Level, 590 feet).

MONTH.	YEAR 1906.				YEAR 1907.				YEAR 1908.			
	Total Rainfall in Month in inches.	Greatest fall in 24 hours.	Date of greatest fall.	Days on which '01 or more Rain fell	Total Rainfall in Month in inches.	Greatest fall in 24 hours.	Date of greatest fall.	Days on which '01 or more Rain fell	Total Rainfall in Month in inches.	Greatest fall in 24 hours.	Date of greatest fall.	Days on which '01 or more Rain fell
January ...	12.53	1.66	16	23	4.00	1.41	1	13	6.03	1.47	16	12
February ...	5.47	1.10	15	21	3.94	1.06	19	12	4.27	1.75	16	22
March ...	4.36	1.05	10	11	3.64	1.20	15	11	4.20	1.30	5	13
April ...	1.43	.53	24	11	5.31	1.00	8	19	3.93	1.14	27	14
May ...	6.11	1.76	5	16	4.56	.94	1	17	4.24	.84	14	16
June ...	2.67	.85	28	11	7.64	1.31	14	25	.95	.30	11	5
July ...	1.19	.33	22	11	3.98	.69	22	14	6.17	1.86	9	13
August ...	5.04	1.10	24	16	6.81	1.33	1	21	7.78	2.06	31	16
September ...	1.72	.77	14	6	1.76	.45	1	8	4.24	.83	3	18
October ...	12.09	1.60	1	23	9.72	.82	10	30	4.01	1.70	19	12
November ...	6.32	1.25	20	16	4.69	1.06	22	18	4.58	.83	12	13
December ...	3.62	.40	9	18	11.55	1.75	4	20	6.88	1.04	9	25
Totals ...	62.55	1.76	5	183	67.60	1.75	4	208	57.31	2.06	31	179
	YEAR 1909.				YEAR 1910.				YEAR 1911.			
	Total Rainfall in Month in inches.	Greatest fall in 24 hours.	Date of greatest fall.	Days on which '01 or more Rain fell	Total Rainfall in Month in inches.	Greatest fall in 24 hours.	Date of greatest fall.	Days on which '01 or more Rain fell	Total Rainfall in Month in inches.	Greatest fall in 24 hours.	Date of greatest fall.	Days on which '01 or more Rain fell
January ...	3.37	.82	15	15	9.39	1.13	31	20	3.13	.91	5	8
February ...	1.40	.59	9	5	9.57	1.60	14	26	7.78	1.71	27	14
March ...	6.89	1.73	24	23	2.88	1.01	1	6	2.92	1.47	10	7
April ...	4.96	1.22	22	14	4.20	1.05	12	16	4.37	1.22	20	10
May ...	2.38	.77	24	5	3.35	.87	30	20	3.23	1.38	3	6
June ...	3.17	.63	21	12	7.14	1.46	5	14	3.61	.68	17	16
July ...	3.66	1.14	27	18	5.22	1.27	24	15	.28	.20	31	3
August ...	2.66	.43	17	13	9.27	1.40	18	22	5.21	.87	28	15
September ...	4.58	1.48	28	11	.23	.14	14	3	3.83	1.30	19	13
October ...	13.00	1.90	7	29	5.60	1.03	18	16	5.02	1.37	29	15
November ...	3.20	1.21	28	9	8.36	1.32	10	19	10.04	1.40	15	20
December ...	14.38	1.89	2	18	9.27	1.26	15	24	16.95	1.46	19	27
Totals ...	63.65	1.90	7	163	74.48	1.60	14	201	66.37	1.71	27	154
	YEAR 1912.				YEAR 1913.				YEAR 1914.			
	Total Rainfall in Month in inches.	Greatest fall in 24 hours.	Date of greatest fall.	Days on which '01 or more Rain fell	Total Rainfall in Month in inches.	Greatest fall in 24 hours.	Date of greatest fall.	Days on which '01 or more Rain fell	Total Rainfall in Month in inches.	Greatest fall in 24 hours.	Date of greatest fall.	Days on which '01 or more Rain fell
January ...	8.31	1.20	8	21	11.65	1.45	30	25	4.65	.95	29	15
February ...	6.53	1.43	22	20	3.51	1.04	7	12	11.31	2.55	13	21
March ...	13.59	2.00	4	30	10.54	1.05	15	24	10.56	1.10	11	27
April ...	.49	.27	9	3	10.78	2.55	15	18	2.84	.62	4	8
May ...	2.07	.46	4	11	3.47	.80	7	19	2.58	.96	3	13
June ...	7.57	1.06	27	27	2.68	.55	6	12	2.00	1.25	9	7
July ...	5.78	1.15	28	21	.53	.28	7	9	5.91	1.54	19	20
August ...	12.77	1.55	28	23	2.54	.80	16	11	4.76	1.00	27	17
September ...	.97	.56	29	5	3.29	1.08	12	10	2.72	.75	16	11
October ...	8.08	1.50	27	18	4.66	.73	7	29	3.74	.97	24	12
November ...	3.99	1.00	26	13	9.54	2.0	20	25	6.57	1.15	29	23
December ...	12.15	1.70	11	29	3.29	.81	27	17	12.57	2.06	17	25
Totals ...	82.30	2.00	4	221	66.48	2.55	15	211	70.21	2.55	13	199

THE ANNUAL

REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO THE

Rhondda Education Authority

FOR THE YEAR 1914.

Rhondda Urban District Council

Members of the Rhondda Education Committee.

COUNCILLOR ABEL JACOB (Chairman).

MRS. FLORENCE NICHOLAS (co-opted Member).

COUNCILLOR REES MORGAN REES.

- „ GWILYM LLOYD.
- „ DAN DAVIES, J.P.
- „ WILLIAM PHILLIP THOMAS, J.P.
- „ ALFRED GLADSTONE TRIBE.
- „ WILLIAM THOMAS JONES, J.P.
- „ WALTER WILLIAMS.
- „ DAVID THOMAS, J.P.
- „ WILLIAM LEWIS.
- „ JAMES JAMES.
- „ THOMAS THOMAS.
- „ WILLIAM EVANS THOMAS, J.P.
- „ EVAN JOSHUA RODERICK.
- „ WILLIAM SAMUEL LANE.
- „ THOMAS OWEN (9 months).
- „ DAVID WILLIAMS (3 months).
- „ JAMES NICHOLAS (9 months).
- „ NOAH REES (3 months).
- „ JOHN DAVID WILLIAMS, J.P.
- „ MARK HARCUMBE.
- „ GWILYM ROWLANDS.
- „ EDGAR MORGAN.
- „ LEWIS HOPKIN.
- „ BENJAMIN DAVIES.
- „ ALFRED JOHN ORCHARD.
- „ WILLIAM THOMAS DAVIES.

COUNCILLOR	THOMAS GRIFFITHS, J.P.
„	WILLIAM HENRY MATHIAS, J.P.
„	JOHN THOMAS, J.P.
„	ROWLAND HUGHES.
„	EDWARD THOMAS WOOD.
„	DANIEL EVANS, J.P.
„	HORATIO ABRAHAM PHILLIPS.
„	HENRY EDWARD MALTBY.

Clerk to the Committee: W. P. NICHOLAS.

Director of Education: T. W. BERRY.

Inspector of Schools: R. R. WILLIAMS.

Architect: JACOB REES.

School Medical Officer: J. D. JENKINS.

Assistant School Medical Officers:

J. P. H. DAVIES,

W. G. HELSBY.

Medical Inspection Clerks: T. J. REES.

H. R. JONES.

Rhondda Urban District Council

To the Chairman and Members of the Education Committee.

MRS. NICHOLAS AND GENTLEMEN,

I beg to submit for your consideration my annual report as your School Medical Officer for the year 1914.

As a result of the war the school medical service, in common with most of the other departments controlled by the Council, suffered to some extent in the course of the year, especially in the direction of a considerable curtailment of the routine medical inspection carried on at the schools, and in a check in the development of the work intended to be carried out at the school clinic, which became available in the latter half of the year.

The attention of the medical service staff has hitherto been restricted to the performance of medical inspection, authorization to treat children not having been sanctioned by the Council, except in so far as the detection of the existence and the ascertainment of the degree and kind of errors of refraction of the eye may be considered to come under the term treatment. The present scheme provides for effectually dealing with the cases of defective eyesight capable of being remedied, or improved by the use of appropriate glasses, but the want of staff has temporarily rendered the scheme inoperative.

Of all the other defects disclosed by the inspections, the most commonly found is dental decay, and whether

considered from the point of view of its prevalence, the extent in the aggregate to which it impairs the physical condition and receptivity of the children attending our elementary schools, or the difficulty experienced in securing conservative treatment in the district, the importance of adopting some adequate measures to deal with the evil forces itself prominently before us, and the early attention of the Council should be given to the consideration of the best means to at least reduce the suffering and ill effects which its existence in a marked degree occasions.

Yours faithfully,

A handwritten signature in black ink, reading "J. D. Jenkins". The signature is written in a cursive style with a large, looped initial "J" and a long, sweeping tail for the "s".

School Medical Officer.

The Council Offices,
Pentre, Rhondda.



GENERAL SCOPE OF MEDICAL INSPECTION IN PUBLIC ELEMENTARY SCHOOLS.

The scope of compulsory medical inspection has hitherto been limited to all children admitted to the school in the year, and of all children who are expected to leave school in the year. Provision has also been made in this district for the examination, at each routine medical inspection of all children presented by the teachers and others as being apparently in need of medical attention at the time of the medical inspector's visit. It has, however, been announced by the Board of Education that the inclusion of an intermediate age-group of children for medical inspection has been decided upon, and that on and after the year commencing on April 1st, 1915, "provision shall be made for the medical inspection of all children between eight and nine years of age." Owing, however, to the outbreak of the war, and the consequent dislocation of the school medical service in many districts, the Board has, in a more recent communication, recognized that some relaxation in the application of this regulation may be found necessary in many areas. In the Rhondda it has been found impossible, not only to make provision for dealing with the intermediate group, but also to continue to examine the whole of the two groups of children hitherto dealt with, owing to the absence on military service of several members of the medical inspection staff.

GENERAL CHARACTER OF THE DISTRICT.

The population of the Rhondda Urban District amounted to 152,781 persons at the last census enumeration in 1911, and was estimated to have reached, in the

middle of 1914, a total of 166,365 persons. At the same time the total school population on the register consisted of 38,583, with an average attendance of 32,873, the former being 23 per cent. of the population, and the latter 85.2 of the number on the school registers. For the purpose of meeting the educational requirements of this number of children, there have been provided 43 schools, with 104 departments, made up of 25 boys', 26 girls', 42 infants', and 11 mixed departments, with total accommodation for 35,937 children.

The industrial enterprise within the district is practically limited to the winning and working of the coal which is obtainable from within the area, and which is exceptionally suitable for the raising of steam for naval purposes owing to its high calorific value and the small amount of smoke to which its use gives rise. The district has a heavy rainfall, fairly equable temperature, and an elevation ranging from 240 to 1,950 feet above sea level. The urban area in the main consists of two narrow winding valleys, each of which begins in a *cul-de-sac* at its upper and north-western end before taking a generally south-eastern direction to join the other at Porth, the junction being situated a little over a mile from the termination in this direction of the Rhondda and the beginning of the adjoining Pontypridd Urban District.

6 (a) GENERAL REVIEW OF THE HYGIENIC CONDITIONS PREVALENT IN THE SCHOOLS.

ACCOMMODATION. The high birth-rate characterizing the Rhondda, and the extent of the immigration from other urban and rural districts, have combined for many years to seriously tax the resources of the Education Authority in its efforts to meet the increased and still

increasing needs of the school population, and the local fluctuations in the population due to irregular developments at the various colliery undertakings have served to accentuate the difficulties, notwithstanding the facilities afforded by the tram service in nearly all parts of the district. Although the number of children entered upon the registers of the Council's elementary schools reached at the middle of the year a total of 38,383, the average attendance did not exceed 32,873, for which accommodation for 35,937 existed throughout the whole district. The chief difficulty, however, depended upon the want in some localities of a proportionate relationship between the accommodation available and the children to be accommodated, and a certain amount of re-adjustment in the distribution of the children becomes necessary from time to time. The schools may nevertheless be said to be well distributed throughout the area, there being few or no instances where the houses are not within reasonable walking distance of one or more schools.

SCHOOL BUILDINGS. Most of the schools are substantial structures built of local stones with brick facings, the large majority being one storey high. In many recent instances much increase in the cost of erection has been experienced owing to the necessity to choose sites on more or less steep hill-sides and at considerable elevations, where the preparation of the ground involves much additional expenditure, where the lighting and ventilation present special difficulties, and where the increase in the cost for haulage of material is considerable. Some of the schools have suffered structurally from the effects of subsidence, and one school (Hafod) has also from time to time, in whole or in part, become temporarily inundated owing to the overflowing of the River Rhondda, close to the banks of which the school is placed, with the result that in past years it has been found necessary on more

than one occasion to close the school for a time, for the purpose of allowing its thorough cleansing and disinfection to be carried out. More recently the Council, in conjunction with the local landowner, caused the river wall to be raised several feet, with the result that the school has since been free from serious occurrences of this kind, although still showing evidence of serious subsidence. Reference is made in a later part of the report to the condition of the children attending this school, as disclosed by medical inspection.

The school buildings generally are in a good state of repair and are subjected to periodical and systematic painting and general renovation every three or four years. From the point of view of medical inspection, however, much still remains to be desired at many of the schools, the portions placed at the medical inspector's disposal for this purpose being often unsuitable, although perhaps the best available, and their use not infrequently leads to temporary overcrowding and interference with the general work of the school.

PLAYGROUNDS. The playgrounds attached to the schools present many varieties as regards their size, character of surface, and gradient. Generally they are small in proportion to the number of children accommodated at the schools; the surfaces are paved, partially paved, or wholly unpaved, the unpaved portions being usually covered with loose gravel; and in a few of the schools the gradient of the playgrounds is so considerable that more or less serious accidents to children when at play have been ascribed to this circumstance. The area in not a few of the schools has been considerably curtailed by the erection on the available space of recent additions to meet the demand for more class-room accommodation. Under these circumstances it is especially desirable that some of the play-

grounds should be covered, so that at least some space may be rendered available at all times and in all kinds of weather, for play, physical drill, or lessons in the open-air.

VENTILATION. In no school in the district has it been considered necessary to resort to mechanical means of ventilation, the situation and surroundings of the schools making it possible to satisfactorily deal with the problem by natural agencies, by means of various forms of ventilators in windows, walls, and ceilings, the influence of fireplaces in the form of stoves or special grates being frequently utilized to increase the efficiency. It is much to be regretted, however, that too little systematic attention is given by the staffs of most schools to the intelligent use of the means provided to secure adequate ventilation. The few exceptions where, with doors, windows, and ventilators thrown open, the methodical performance of deep-breathing exercises by the whole of the pupils is periodically practised, only serve to emphasize the extent to which this excellent practical lesson is neglected in the large majority of the schools in the district.

LIGHTING. With a few noticeable exceptions a sufficiency of light is admitted by means of windows into the class-rooms of the schools. In many instances, however, the direction from which the light enters in relation to the position of the desks and blackboards is faulty, and apparently incapable of being remedied without material structural alterations. In some of the schools the use of artificial light—usually coal gas, sometimes electric light—is necessary before the dismissal of the children, owing to the extent to which the windows are overlooked by other erections or adjacent hills. In other instances again the appropriate and full use of the windows is rendered impossible by the extent to which some of the glass, espec-

ially in the upper panes, is obscured by the dust which has been allowed to accumulate undisturbed for considerable periods owing, usually, to the inability of the female cleaners often employed to reach these positions without undue personal risk.

WARMING. The policy of the Education Authority has been for some time divided between the adoption of closed systems of heating on the one hand, and dependence upon open fire-places and stoves on the other, and the tendency has lately been to introduce the former method where the school is a large one, and where a whole time (male) caretaker is in charge. The most noticeable defects in the heating arrangements, which systematic observation discloses, are more attributable to the want of uniform care given to the application of the particular system adopted than to the system itself. It is obvious that however efficient the system in use may be, a delay in its utilization until close upon the time when the morning session begins will find the air and objects in each class-room at an uncomfortably low temperature throughout a considerable portion of a cold morning, and will discourage the use of the available means of ventilation until the heat distributed in various ways from the pupils themselves has helped to raise the temperature to a more tolerable extent, and this cannot be done without a serious reduction in the purity of the atmosphere. The records of class-room temperatures kept at most of the schools not infrequently show that the conditions mentioned exist at many of the schools for considerable portions of the day during the colder months.

EQUIPMENT. As occasions arise to equip new schools or to re-equip the older ones, the more modern appliances are provided, the schools or class-rooms furnished with the old type of (multiple) desk being comparatively few.

Greater provision in the form of couches or cots might advantageously be made for securing adequate rest for the weaklings among the infants, many of whom seem quite incapable of giving the expected amount of attention to the teacher for a whole session.

GENERAL SANITATION.

GENERAL CLEANLINESS. The remarks made under this head in my report for 1913 are still equally applicable, and are here reproduced.

“The present medical inspectors agree that the general cleanliness of the schools cannot be said to be satisfactory. In too many cases the sweeping and scrubbing of floors, the dusting of furniture, the flushing of the sanitary conveniences, and the cleaning of stoves or fire-places are performed in a casual and perfunctory manner. Doubtless the school cleaners themselves, in many of these cases, have too low a standard of cleanliness and hygienic requirements, while in other instances the cleaners are unequal to the physical labour involved. In the few instances where whole-time male cleaners are employed, the conditions as regards cleanliness show on the whole a marked improvement. The cleansing regulations drawn up by the Building Committee in 1911 were given a trial in one or two schools with satisfactory results, in that an improved condition of cleanliness was secured in those schools during the period covered by the experiment, and it is desirable that the regulations should be made generally applicable in all the Council’s schools.”

SANITARY CONVENIENCES. As in the case of the district generally, the water-carriage system of disposal is in use, the sewage being conducted by means of a main sewer

discharging into the sea $17\frac{1}{2}$ miles away from the district. In a few of the newer schools cistern-flushed pedestal closets have been provided, but in the majority of schools the trough system has been adopted, the flushing being done by means of an automatically discharging tank placed at the upper end of each independent series. At present a great want of uniformity and, withal, a far too infrequent flushing and general cleansing of the sanitary conveniences are to be noticed at the schools throughout the district, and the adoption and strict enforcement of the cleansing regulations just referred to above are to be urged upon the Education Authority, if only for the reason that they provide for a definite minimum of frequency with which operations essential to the maintenance of a reasonable standard of cleanliness should be carried out.

LAVATORIES. The structural provision made for personal ablution at the schools is usually sufficient and satisfactory, but the means available for making use of such provision when the need arises are generally inadequate; soap and towels are not infrequently wanting, or the towels when supplied are often in an unclean state. The attention of the Authority is also drawn to the lack of drinking cups for the use of children when in attendance at the schools.

CLOAK-ROOMS. The suggestion made in previous reports that the consideration of the Authority be given to the provision at some of the schools of detached and open-air cloak-rooms is here repeated. At present most of the cloak-rooms will be found on a wet morning to be full of damp clothes, and from the rooms foul-smelling and vitiated air is drawn into the adjacent class-rooms. The artificially heated cloak-rooms (where such exist), while affording means of drying the clothes, rather accen-

tuates the causation of offensive smells. Open-air cloak-rooms, on the other hand, will need much less (if any) artificial heating to produce the desired result, because of the drying effect of a free current of air, and the products of the process will escape into the open playground, where they are at once dissipated and deprived of the power of doing harm.

RELATION OF THE GENERAL ARRANGEMENTS OF THE SCHOOL TO THE HEALTH OF THE CHILDREN.

Speaking generally, and of the district as a whole, considerable uniformity in the plans and general arrangements of the schools exists, the main differences now to be noticed arising from the effects of time, the defects incidental to the period of their erection, and the situation of particular schools. Special inquiries were recently made into the health of the children in attendance at Hafod School, the condition of which has for some time been suspected by the parents of being specially detrimental to the health of their children in consequence, partly of its low-lying situation and liability to inundation from floods of the Rhondda River, and partly of the defective arrangements existing at the school with regard to the lighting and ventilation of many of the class-rooms. The question naturally arose as to the effect (if any) which the conditions above referred to have had upon the attendance and health of the children. The inquiry served to show that the average attendance at Hafod School was, in fact, higher than the attendance at the Rhondda Schools in the aggregate in each of the years 1911, 1912, 1913, and 1914, the average excess in favour of Hafod being 3.06 per cent. for the four years. With reference

to the incidence of various diseases upon the children attending the school, the records for the same group of years of the medical inspections carried out at the school show that in the case of heart disease, respiratory diseases, adenoids, and enlarged tonsils, the incidence at Hafod was higher, whereas deafness, tuberculosis, and defective nutrition had a lower incidence at Hafod than elsewhere. The other and more common diseases not here mentioned presented no material difference in the comparison made.

6 (b) CO-RELATION WITH THE PUBLIC HEALTH.

There was no change in the course of the year in connexion with the co-operation between the Public Health Administration and the School Medical Service, the two branches of what may be termed the Public Health Department in its broader sense being directed, supervised, and controlled from the same office. The School Medical Officer, who is also Medical Officer of Health, is assisted by two whole-time medical assistants, one of whom devotes practically all his time to the school medical service, while the other divides his attention between the two branches of the department. Both have, however, at the time of writing, joined the military medical service, and only one of the two vacancies created has hitherto been temporarily filled. The six health visitors give approximately one-third of their time to the school medical service in following up defective children to their homes, in periodically visiting the schools for the purpose of conferring with the assistant medical officer, and, for the first time during the latter half of 1914, in arranging for the attendance of selected children at, and in accompanying such children to, the school clinic for further exami-

nation. Before the establishment of a school clinic they also occasionally took temporary charge of children whose parents were found on inquiry to be necessitous, and who had to be taken for treatment to institutions outside the district, such as Cardiff Infirmary. The already existing association of the school nurses with very many of the homes arising from the performance of their duties as health visitors, obtains for them an easy access and ready hearing when such association has to be renewed in connexion with their duties as school nurses.

THE SCHEDULE OF MEDICAL INSPECTION issued by the Board of Education has in the main been followed, with the exceptions that the chest measurements of boys are taken and recorded, and that a record of the vaccination marks discovered on the examination is entered on the inspection cards. The assistant medical officers are aware that no reference is to be made to parent or child concerning the presence or absence of vaccination marks.

THE ASSISTANCE AT PRESENT RENDERED TO THE MEDICAL INSPECTORS is such as has already been partially outlined, in addition to the service which certain members of the Education Department so readily render, either at individual schools, or in connexion with general administration. The Director of Education and his office staff are ever ready to give information or to render help when application is made to them, while the teachers' assistance at the schools is invaluable, if not essential to the successful performance of medical inspection at the respective schools, as well as in connexion with the considerable amount of clerical work required before each inspection.

THE PRESENCE OF PARENTS at the Medical Inspection is provided for in the scheme by the dispatch of circulars

(M.I. 5) from the schools to the parents before the date of the visit of the Inspectors to each school, but in the course of the year 1914 only 257, or 4.1 per cent. of the parents of entrants and leavers, accepted the invitation. Even of this small number some attended at the request of the Inspectors for the purpose of furnishing some additional information, or of receiving instructions which could not be otherwise so satisfactorily conveyed. The adoption of this measure presents no difficulty in this district, where no house is situated a long distance from a school, and where the Inspector is engaged for many days in succession at the majority of the schools. The parents have now learnt something about the nature and extent of the medical examination carried out at the schools, and are well aware that the existence of any serious defects discovered during the inspection will be made known to them, and that the information so furnished will be followed up by one or more visits from a school nurse, from whom further information and advice may be obtained.

DISTURBANCE OF SCHOOL ARRANGEMENTS INVOLVED BY THE INSPECTION.

The tendency to overcrowding at some schools, coupled with the lack of a suitable room which can be set apart for the performance of medical inspection, becomes aggravated to some extent during the inspection owing to the necessity, in such instances, of temporarily transferring a number of children from one class room into another, which may be already accommodating its full complement of scholars.

Doubtless, where a degree of understaffing exists, the filling in and dispatch of circulars, etc., imposes additional

work upon the members of the staff, although any serious degree of interference from this cause can usually be obviated by the distribution of this work over several days before the arrival of the inspectors, the forms being sent to the head teacher in each instance a considerable time before the actual inspection begins. It is sought to avoid the coincidental occurrence of some other more or less uncommon event at the same school by providing the Director of Education with information concerning the probable date of the contemplated visit of the inspector to each school.

6 (c) GENERAL STATEMENT OF THE EXTENT AND SCOPE OF THE MEDICAL INSPECTION CARRIED OUT DURING THE YEAR.

During the year 1914, 483 visits to schools and departments were paid by the medical members of the School Medical Service Staff, both morning and afternoon sessions being included in this total. In the course of these visits there were examined 3,501 entrants, 2,670 leavers, and 1,115 special cases, of which 285 were tuberculosis contacts. In addition, 66 re-visits were paid to the schools for the purpose of examining children who had been missed on the previous occasions, and of re-examining those who had been found to be defective, and in respect of whose defects information had been given some time previously to the parents.

In the latter half of the year, mainly, before the offer of one of the two Inspectors who volunteered to serve with the Imperial Forces was accepted, 19 attendances by one or more of the medical members of the staff were made at the School Clinic for the purpose of carrying out further examinations of special cases, in-

cluding those concerning whose fitness to attend school an opinion was desired, the total number of children examined being 188.

PRINCIPLE OF SELECTION OF CHILDREN EXAMINED. The children examined consisted of the following groups:—

(1) The “entrants,” or children admitted to each infants’ department since the date of the previous routine inspection.

(2) The “leavers,” or children between 12 and 13 years of age, together with children over 13 years of age who had not already been examined after reaching the age of 12.

(3) The “specials,” or children of all ages not embraced by the above groups, who appeared to the Medical Inspectors, Teachers, Parents, or others interested, to require medical attention at the time of the Inspector’s visit.

(4) Children coming from homes at which one or more cases of tuberculosis were known to the Medical Officer of Health to exist at the time of the inspection, or to have recently existed.

The two first groups comprise children whose medical examination is an obligation upon the Education Authority, but the last two have also been dealt with in the Rhondda as likely to provide proportionately many more defective children than a similar number taken without selection from any specified age-groups. In the case of those falling within the two last groups, and not being included in the other two groups, the form of schedules or cards used in the ordinary routine inspection is not adhered to, but the Inspectors’ attention is concentrated upon the part suspected to be defective, and

upon the detection of conditions likely to arise from the associated circumstances.

The total number of children examined in the four groups amounted to 7,286, classified according to age, sex, and group as follows:—

Table 1.

Age in Years.	Sex.	Entrants.	Leavers.	Specials.	Tubercu- losis Contacts.	Totals.
3 to 4	Boys ..	288	—	—	—	288
	Girls ..	298	—	—	—	298
4 to 5	Boys ..	764	—	11	5	780
	Girls ..	774	—	7	1	782
5 to 6	Boys ..	494	—	23	12	529
	Girls ..	500	—	34	12	546
6 to 7	Boys ..	152	—	35	12	199
	Girls ..	152	—	38	14	204
7 to 8	Boys ..	35	—	57	17	108
	Girls ..	37	1	75	15	128
8 to 9	Boys ..	2	1	67	20	90
	Girls ..	5	1	74	17	97
9 to 10	Boys ..	—	1	42	25	68
	Girls ..	—	4	87	15	106
10 to 11	Boys ..	—	5	50	24	79
	Girls ..	—	19	86	20	125
11 to 12	Boys ..	—	68	30	18	116
	Girls ..	—	105	63	14	182
12 to 13	Boys ..	—	1068	9	13	1090
	Girls ..	—	913	29	25	967
13 to 14	Boys ..	—	270	6	4	280
	Girls ..	—	200	7	2	209
14 to 15	Boys ..	—	6	—	—	6
	Girls ..	—	8	—	—	8
All ages	Boys ..	1,735	1,419	330	150	3,634
	Girls ..	1,766	1,251	500	135	3,652
	Totals ..	3,501	2,670	830	285	7,286

Of the 7,286 children examined, it will be seen from the above table that 1,115 belong to the two special groups, and that included in the latter were 285 tuberculosis contacts.

NUMBER OF CHILDREN REFERRED FOR SUBSEQUENT EXAMINATION. It was considered advisable to medically

re-examine 3,043 children throughout the schools in the course of the year, mainly for the purpose of ascertaining the result of action taken during the period intervening between the first inspection and the re-examination in each case. The accumulation of cases reported upon by the School Nurses as not having been definitely pronounced to be among those adequately dealt with accounts for the large number of re-examinations at the schools, and the total result of the systematic inquiry made concerning each case, whether at a school or at the Clinic, is given in a later portion of the Report.

It was possible to re-examine a large number of cases in a comparatively short time, for the records were already available, and attention was usually given only to the defects disclosed by the previous routine inspection. There still remains a considerable number of cases standing on the list of children referred for further examination at the Clinic, the questions for reference being mainly some form of defective eyesight; but the dislocation of the School Medical Service resulting from the War has necessitated a continuance of our dependence upon the means hitherto available for dealing with these cases.

THE NUMBER OF CHILDREN TO WHOSE PARENTS OR GUARDIANS NOTICES IN RESPECT OF DEFECTS WERE SENT amounted in the course of the year to 2,566, as compared with 565, 569, 664, 1,034, and 2,183 respectively in the five immediately preceding years. The relatively higher figures pertaining to the last two years are mainly attributable to the practice of notifying the parents concerning the presence of comparatively minor defects on the one hand and irremediable diseases on the other.

THE AVERAGE TIME PER HEAD OCCUPIED BY INSPECTION amounted to practically ten minutes, and the total

number of children examined when apportioned between the Inspectors gave an average of 32 children per Inspector per day.

6 (d) GENERAL REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

The number of defects and diseases found by the Medical Inspectors in the children examined, together with the percentage proportion of the number suffering from each disease or defect, is given in the following table, the total number of children examined being 7,286, of whom 1,115 belonged to the "special" groups.

As in the previous year, the most marked feature of the above table is the relatively high percentage of tuberculous disease (.47 per cent.) discovered among the total number of children examined, the proportion recorded in the years preceding 1913 not exceeding one-fourth of that given as belonging to 1914. The explanation for the great difference lies in the fact that during the last two years all the children attending the elementary schools from houses known to contain one or more cases of any form of tuberculosis have been examined at the routine medical inspections, and in many instances re-examined at the Clinic, irrespective of the age-groups to which they may belong (cf. Tuberculosis p. 202).

With regard to the other more common diseases or conditions, external eye disease, defective vision, carious teeth, and subnormal nutrition were somewhat in excess of the proportions of the previous year, whereas heart disease, lung (non-tuberculous) disease, and uncleanness of the head showed a lower percentage in the year under review. Individual diseases are dealt with more in detail under their respective heads below.

Table 2.

Disease or Defect.	No. of Children suffering from each disease or defect.	Proportion per cent. of the number so suffering to the number examined.
Skin : Contagious (excluding Ringworm) ..	68	0.9
Skin : Non-contagious ...	37	0.51
Ringworm of head	36	0.49
Ringworm of body	8	0.11
Heart disease	114	1.56
Lung disease (non-tuberculous) ...	121	1.66
Nervous affections	29	0.4
Mentally defective	81	1.11
Enlarged tonsils	873	11.98
Adenoids	198	2.72
Enlarged glands (non-tuberculous) ..	460	6.31
Defective speech	114	1.56
External eye disease... ..	203	2.79
Squint	108	1.48
Defective vision	1117	15.33
Ear disease	135	1.85
Deafness	155	2.13
Carious teeth (4 or over)	2240	30.74
Rickets	27	0.37
Hernia	8	0.11
Deformities and Tumours	108	1.48
Enlarged Thyroid gland	9	0.12
Infectious Disease	6	0.08
Tuberculosis of Lungs	21	0.28
,, ,, Glands	5	0.07
,, ,, Bone	6	0.08
,, ,, other parts	2	0.03
,, ,, all parts	34	0.47
Subnormal Nutrition	221	3.03
General Neglect	46	0.63
Pediculosis	650	8.92
Other diseases	65	0.89

NUTRITION.

The proportions of the school children examined which were pronounced by the Medical Inspectors to be showing evidence of mal-nutrition were in 1914 slightly greater than in any previous year, being 3.7 per cent., as compared with 2.9, the highest hitherto recorded. On the other hand, reference to the accompanying table will

The classification into excellent, normal, subnormal, and bad is adopted in the following table:—

Table 3—Nutrition.

	Leavers.				Entrants.				Totals.	
	Boys.		Girls.		Boys.		Girls.			
	Number of Records.	Per Cent.	Number of Records.	Per Cent.	Number of Records.	Per Cent.	Number of Records.	Per Cent.	Number of Records.	Per Cent.
Excellent	169	11·9	230	18·39	474	27·33	455	25·77	1328	21·52
Normal	1172	82·61	967	77·3	1207	69·54	1270	71·91	4616	74·80
Sub-normal	78	5·49	54	4·31	54	3·13	41	2·32	227	3·68
Bad	--	--	--	--	--	--	--	--	--	--

show that none of the children were considered as having been in a very bad state from this cause, and in this connection it is worthy of remark that ever since the introduction of systematic medical inspection throughout the schools, the number of those classified among the "bad" has been remarkably small, although half a dozen Inspectors have taken part in the performance of the work, the influence of personal equation in the results being therefore minimised. This circumstance calls for comment, as one would expect to find an unusual proportion of the children of the district at the time of their admission to school in an ill-nourished state, having regard to the fact that the infantile mortality is very high, intestinal diseases arising from inappropriate feeding being one of the most common causes of sickness and mortality among infants. The view that the weaklings die off in infancy, leaving only the robust to represent their age-group on admission to school, seems insufficient

as an explanation in view of the fact that a large proportion of those ill during infancy recover, though probably with retarded development and disturbed nutrition. The medical inspection records, however, indicate that before school age is reached the children thus handicapped in early life recover lost ground, possibly because they later become more able to make their needs understood, or to fend for themselves, and thus to secure an adequate share of the contents of the usually abundant family store, the exercise of discrimination in the selection of the food having become less important than in infancy.

It is worthy of note that the children on leaving school show almost twice the proportion of ill-nourished among them as the younger children on entering school, the respective ratios being 4.9 and 2.7 per cent. This fact may be advanced in support of the contention that school influences, whether avoidable or unavoidable, are to the physical disadvantage of the child. In this connection, however, it should be remembered that environmental conditions other than those of the school continue to have their influence. There is not infrequently observed a marked relaxation in the strictness of the care and supervision exercised over the children as they get older, and in no direction is this more noticeable and regrettable than in the very late hours until which children of school age are allowed to remain out of bed.

UNCLEANLINESS.

The subjoined tables (Nos. 4, 5, 6, and 7) set out the percentage proportions of children found in a condition removed from a desirable state of cleanliness with regard to either their clothing, or persons, or both. Distinction

is drawn between footgear and the remainder of the clothing, as well as between uncleanness of the head and of the body.

Table 4—Clothing.

	LEAVERS.				ENTRANTS.				Totals.	
	Boys.		Girls.		Boys.		Girls.			
	Number.	Per Cent.	Number.	Per Cent.	Number	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
Good ..	543	38·27	676	54·04	886	51·07	915	51·81	3020	48·94
Average	861	60·67	570	45·56	821	47·32	831	47·06	3083	49·96
Bad ..	15	1·06	5	0·4	28	1·61	20	1·13	68	1·10

Table 5—Footgear.

	LEAVERS.				ENTRANTS.				Totals.	
	Boys.		Girls.		Boys.		Girls.			
	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
Good ..	566	39·89	672	53·64	898	51·76	931	52·72	3,067	49·7
Average	800	56·38	553	44·28	795	45·82	808	45·75	2,956	47·9
Bad ..	53	3·73	26	2·08	42	2·42	27	1·53	148	2·4

Table 6.—Uncleanliness of the Head.

	LEAVERS.				ENTRANTS.				Totals.	
	Boys		Girls.		Boys.		Girls.			
	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
Clean	1,227	86.47	804	64.27	1,415	81.56	1,264	71.58	4,710	76.32
Some- what Dirty }	179	12.61	45	3.60	264	15.22	123	6.96	611	9.90
Dirty	13	0.92	—	—	45	2.59	15	.85	73	1.18
Vermi- ous }	—	—	402	32.13	11	0.63	364	20.61	777	12.6

Table 7.—Uncleanliness of the Body.

	LEAVERS.				ENTRANTS.				Totals.	
	Boys.		Girls.		Boys.		Girls.			
	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
Clean	1,168	82.31	1,061	84.81	1,426	82.19	1,502	85.05	5157	83.57
Some- what Dirty	234	16.49	181	14.47	268	15.45	237	13.42	920	14.91
Dirty	16	1.13	9	0.72	40	2.30	21	1.19	86	1.39
Vermi- nous	1	0.07	—	—	1	0.06	6	0.34	8	0.13

CLOTHING AND FOOTGEAR.

The condition of the clothing and footgear of the children examined was in the main satisfactory, the small proportion of 1 per cent. being recorded as "bad" in the case of clothing, and 2.4 per cent. in the case of footgear. Both these figures are more favourable than the corresponding ones for the previous year, and indicate that more care is being given to the condition of the children attending school, although, on the other hand, the industrial activity and the consequent conditions with regard to the absence of poverty were probably more favourable in the course of the year under review, the war having caused little or no unemployment in the district, the increased call for labour at the collieries resulting from the enlistment of a large number of men, and the demand for the coal obtainable from the area, having more than counter-balanced any exceptional slackness which may have been occasioned in other and minor industries

UNCLEANLINESS OF THE HEAD AND BODY.

As in previous years, the School Medical Service has disclosed the existence of much uncleanliness among school children, and the systematic examination made discovers the condition where it would often remain unsuspected after a more cursory inspection. The parents, however, are getting to realize more and more that the presence of vermin in their children's heads is prevented or removed without great difficulty and, when existing to any extent, may be rightly considered to be a disgrace, and that the condition is moreover attended by discomfort to, and some risk to the health of, the child. While the percentage of children returned as "clean" was larger in 1914 than in the previous year, those

belonging to the verminous group were proportionately more numerous in the year now under consideration to the extent of three per cent. Although the reduction of the number of children in this condition has been considerable since the commencement of medical inspection, there has not been during the most recent years the same progressive character in the improvement, and it is desirable that a more aggressive attitude should now be adopted with regard to the worst offenders. It is probable that the selection for more drastic action of a few hitherto incorrigible parents distributed throughout the district would result in a general and rapid improvement. For the purpose of hastening the process, it is necessary to have available a means of cleansing the children when the parents are in default, so that any child whose person or clothing is infected with vermin, or is in a foul or filthy condition, can be made to undergo, through the agency of persons authorized by the Local Education Authority, a thorough cleansing and returned to the parents in a cleansed condition, with the warning that a relapse would result in police-court proceedings against those responsible, under the powers conferred on the Education Authority by the Children Act, 1908.

In connection with the maintenance of personal cleanliness, the establishment of cleansing conveniences such as shower baths at the various schools could not fail to have a beneficial and permanent influence, both on the child and on the home circumstances. As suggested in a previous report, such provision would confer the following advantages (among others):—

- (1) They would secure for each child attending school a periodical bath under proper supervision, and

the children thus able to indulge would doubtless benefit by the treatment, both in health and education.

(2) The children would when young acquire the habit of regular bathing, and would consequently feel more inclined to continue the application of the principle of personal cleanliness throughout life. Moreover, the habit so acquired would react beneficially in many ways upon the adult members of the community and upon the homes, for the practice of personal cleanliness naturally tends to demand and to secure cleanliness of surroundings also, as well as to create self-respect. For the same reason the provisions of the Coal Mines Act, 1911, relating to pit-head baths would secure in the district more early recognition and application to the advantage of the vast majority of our homes.

RINGWORM.

In the course of the year 44 cases of ringworm were recorded by the Medical Inspectors, the scalp being affected in 36 and the body in 8 instances, the respective percentage proportions of .49 and .11 being thus occasioned. This number appears small in relation to the large number of children in attendance, but in this connection it should be borne in mind that, on the one hand, many of the children actually suffering from this ailment are probably absent from school at the time of the Inspector's visit owing to the practice of provisionally excluding suspected cases exercised by the more vigilant teachers, and that, on the other hand, the aggregate amount of time in attendance lost by the excluded children is very considerable owing to the length of the average period required for the complete cure of each

case. Now that the School Clinic is established, and with the restoration to the normal dimensions of the staff, the reference of all these cases to the Clinic for medical examination, formal exclusion, periodical re-inspection, and re-admission, should form part of the ordinary School Medical Service Scheme.

CONDITION OF THE CHILDREN'S TEETH.

The examination of the teeth of school children is carried out by the Medical Inspectors at the time when the routine medical inspection is performed on the school premises, and is naturally less searching than would be a similar examination by a practised dentist, armed with special appliances. The figures given in the accompanying Table are all the more striking as to the extent of the destruction of children's teeth which is proceeding practically unheeded and unchecked throughout the district.

Table 8.—Condition of the Teeth.

	LEAVERS.				ENTRANTS.				Totals.	
	Boys.		Girls.		Boys.		Girls.			
	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.
No carious teeth	118	8·32	114	9·11	433	24·96	540	30·57	1205	19·53
1-3 carious	723	50·95	624	49·88	673	38·79	671	38·00	2691	43·61
4 or more carious	578	40·73	513	41·01	629	36·25	555	31·43	2275	36·86

The facts show that over thirty out of every hundred children at or about the time of their admission into school have four or more obviously decayed teeth, and this number increases to over forty by the time the children are about to leave school at 13 or 14 years of age. It will also be noticed that among the leavers only 8 or 9 per cent. still retain a sound condition of all their teeth, and even this small proportion would doubtless be considerably reduced by a more minute examination. Apart from its attendant discomfort and pain, the condition of dental caries has long been recognized by those best able to judge as capable of causing much general ill-health and certain local diseased conditions, both during and after school age, and among its consequences may be mentioned local inflammation, formation and discharge of pus (matter), ulceration and abscess of the gums, and enlargement of the local lymphatic glands; general lassitude and depression; anæmia; aggravation of other complaints such as epilepsy and hysteria; indigestion and mal-nutrition; and other more or less ill-defined departures from health which are attributable to decay or insufficiency of the teeth.

The Rhondda is a district where the provision of skilled dental treatment would be likely to be followed by much benefit, more immediately to the school-going portion of the population, and more remotely to the rest of the community. Little or no attention is given to the teeth of the mass of the population, except in the direction of extraction, usually by unqualified practitioners, when they become painful or interfere with comfort, and the amount of conservative treatment practised in the area is negligible in so far as the children attending the Council's schools are concerned. The establishment of municipal dental clinics has been extensively carried out

throughout the country, the kind and degree of the provision varying in different districts. It would require more than one whole-time dentist to cope with all the dental decay present in our school children. Due allowance would, however, have to be made to the probably large percentage of children which would fail to take advantage of the service if provided, but there would doubtless remain a large amount of material from which selections could be made for the attention of the dentist, regard being had not only to the urgency of the need for treatment in particular cases, but also to the advisability of furnishing examples in each centre of population to parents, children, and teachers, of the desirable and attainable in the direction of conservative treatment of the teeth.

ENLARGED TONSILS AND ADENOIDS.

In the course of the year 873 children, representing 11.98 per cent. of those examined, were found to have enlarged tonsils, and 198 children, equivalent to 2.72 per cent. of those examined, showed evidence of the presence of adenoids. These proportions do not markedly differ from those of the previous year, the figures on the whole indicating a slight increase. But little attention is paid by the majority of parents to the existence of these conditions unless so pronounced as to cause deafness or other obvious disability. It is, however, generally agreed by those best able to judge that enlarged tonsils render the sufferer more susceptible of the contraction of certain infectious diseases such as diphtheria, scarlet fever, and tuberculosis, as well as more liable to recurrent inflammations of the tonsils and catarrhal attacks. Where

remedial measures are taken, the improvement in the condition and general appearance of the child is usually very marked, the degree of the change materially depending upon the amount of the abnormality before the operation. For the purpose of reducing the risk of a recurrence of the condition, as well as of removing or counteracting the ill-effects of the disease produced before the operation, it is generally agreed that a systematic recourse to breathing exercises about twice a day is very serviceable. In this district the general practitioners, supplemented by local hospitals, are depended upon for treatment of the condition and there is, under the circumstances, a natural tendency to ignore the less severe cases, or to unduly emphasize the beneficial effect of time upon the disease.

EAR DISEASE AND DEFECTIVE HEARING.

Obvious ear disease, commonly in the form of otorrhœa or discharge from the ear, occurred in 135, or 1.85 per cent. of the children examined, and appreciable deafness in 155, or 2.13 per cent. Deafness often co-exists with ear discharge, but also occurs independently of that condition, the presence of obstruction such as adenoids being another common cause not necessarily associated with ear discharge. Otorrhœa is a condition which generally requires a persistent and skilled application of treatment such as is seldom obtainable at the children's homes, the lack of it resulting in the prolongation of the complaint for an indefinite time, and not infrequently in the intervention of more immediately serious conditions which may end in death or some form of permanent disability. Regularly applied treatment, especially in the early stages of the complaint, would doubtless result not

only in a greater number of cures but also, in the majority of cases, in a reduction of the time taken to effect a cure, with a corresponding increase in the educational advantages to the children, and in the amount of grant obtainable for attendance at school.

EYE DISEASE AND DEFECTIVE VISION.

EXTERNAL DISEASE OF THE EYES. The total number of children suffering from the various forms of external eye disease (such as inflammation of the conjunctivæ and eyelids) that came under the notice of the Medical Officers reached a total of 203, or 2.79 per cent. of those examined. The remarks made upon treatment in the last section are equally applicable to these disorders of the eyes, for to ensure success persistence and skill are required in the application of the appropriate remedies.

SQUINT. The number of those found to be suffering from strabismus or squint was 103, or 1.48 per cent. of the total number examined. Early treatment is highly desirable in these cases, as the failure to use the squinting eye leads sooner or later to partial or complete loss of its functions, so that if the treatment called for is long delayed the restoration to the owner of the full utility of the eye may not be possible, although the appearance of the child may be much improved by the measures taken.

DEFECTIVE VISION was found to exist in 1,117 children, equivalent to 15.33 per cent. of the cases examined. This number is, both absolutely and relatively, the highest yet found in this district suffering from this defect, the excess being doubtless accounted for by the fact that the defects present in a minor degree are now recorded to a

greater extent than in former years. Although authority was given by the Education Committee to test the exact degree of the defect by accurate means on the establishment of the Clinic in all cases prepared to avail themselves of the opportunity, it was not possible to take advantage of such authorization except to a very limited extent owing to the loss of staff due to the war. Unfortunately, for the same reason, the nearest hospital with an eye department discontinued to attend to defective eyesight in school children, and the inconvenience was considerably aggravated in consequence. The Clinic being now available for this work, it only remains for an adequate staff with the necessary experience to be engaged to enable us to satisfactorily cope with this work, and at the time of writing steps are being taken with a view to obtaining the necessary assistance for this purpose.

TUBERCULOSIS IN SCHOOL CHILDREN.

In the course of the year, 34 cases of tuberculosis were discovered among the school children examined, the lungs being affected in 21, the glands in 5, and the bones in 6, the percentage proportion of those suffering to the total examined being .47 (tuberculous disease of the lungs contributing .28 and all other parts .19 per cent). Although these numbers and proportions are low compared with those found in the majority of districts, even the figures here given have reached their present totals largely in consequence of the selection for examination of all children known to have been in more or less intimate contact with, or to come from the homes of, definitely diagnosed cases of tuberculous disease. Use is made of the information obtainable from the notifications furnished to the Medical Officer of Health under

the provisions of the Tuberculosis Regulations, 1912, the Medical Inspectors being provided with a list of all the notified cases and their home addresses, so that the selection for examination of all the "contacts" attending school from the infected houses is rendered practicable. The result of such selection is shown in the following table:—

Table 9, showing the result of the examination of contacts.

Result of Examination.	Sex.	Totals	Among the Entrants.	Among the Leavers.	Among the Remaining Children Selected.
Positive ...	Boys ...	10	3	4	3
	Girls ...	8	1	3	4
Doubtful ...	Boys ...	22	—	1	21
	Girls ...	13	—	3	10
Negative ...	Boys ...	160	6	28	126
	Girls ...	157	13	23	121
Boys ...		192	9	33	150
Girls ...		178	14	29	135
Totals ...		370	23	62	285

From the table it will be seen that out of a total of 370 contacts thus selected for examination, 18, or 4.9 per cent., were pronounced to be suffering from some form of tuberculosis, and 35 more presented features indicating the possibility or probability that later developments and examinations would serve to definitely place them in the group of those declared to be tuberculous. This result is in marked contrast with the .38 per cent. given by the examination of the routine groups alone (including the contacts falling within those groups). The children recorded as "doubtful" are re-examined at the School Clinic under more favourable conditions than

exist at the schools, and all cases in which the presence of tuberculosis is not definitely negatived are referred to their medical attendants with the suggestion that where there is disagreement as to the diagnosis, the district tuberculosis officer representing the Welsh National Memorial Association should be consulted as to the nature and, if tuberculous, the treatment of the case. In Wales the measures taken for the treatment of tuberculosis are directed by that Association, so that the opportunity which of necessity obtains in England for the closest and most intimate understanding and co-operation between all the forces which can be brought to bear upon the prevention and treatment of this very prevalent and destructive disease is not afforded the Sanitary and Education Authorities in the Counties and County Boroughs of Wales.

HEIGHT, WEIGHT, AND CHEST MEASUREMENT.

Records of the heights and weights of the children systematically examined at the schools continue to be kept, and, in the case of boys, of chest measurements also. A reproduction of corresponding figures, when available, from the report for 1883 of the Anthropometric Committee of the British Association for the Advancement of Science, enables a comparison to be made between the degree of development of the children attending our elementary schools on the one hand, and the averages of children of the same ages in Great Britain in 1883 on the other hand.

It will be noticed that at all ages, and for both sexes, the Rhondda children show the lower physical development. It is unnecessary to add that the difference does not imply that the Rhondda children are less satisfac-

Table 10.

Age in Years.	Sex.	Number of Children Inspected.		HEIGHTS. (English in inches Metric in Centi- metres.)		WEIGHTS (English in lbs. Metric in Kilo- grams.)		CHEST MEASURE- MENTS. (Inches and Centimetres)
				Average.		Average.		Average.
				Rhondda.	Great Britain.	Rhondda.	Great Britain.	Rhondda.
3 to 4	Boys	288	English	36.73		32.34		20.2
	Girls	298	Metric	93.3		14.67		51.3
	Boys	764	English	36.58		32.3		
	Girls	774	Metric	92.9		14.65		
4 to 5	Boys	764	English	38.27		31.35		19.90
	Girls	774	Metric	97.2		14.22		50.55
	Boys	764	English	38.08		33.30		
	Girls	774	Metric	96.72		15.15		
5 to 6	Boys	494	English	39.74	41.03	36.68	39.9	21.38
	Girls	500	Metric	100.94	104.25	16.64	18.1	53.13
	Boys	494	English	39.8	40.55	36.02	39.2	
	Girls	500	Metric	101.09	103.00	16.34	17.8	
6 to 7	Boys	152	English	41.67	44.00	39.46	44.4	21.41
	Girls	151	Metric	105.85	111.75	17.9	20.2	54.4
	Boys	152	English	42.14	42.88	39.18	41.7	
	Girls	151	Metric	106.13	109.0	17.77	18.9	
7 to 8	Boys	34	English	43.82	45.97	42.55	49.7	21.81
	Girls	38	Metric	111.3	116.76	19.3	22.56	55.4
	Boys	34	English	42.99	44.45	40.34	47.5	
	Girls	38	Metric	109.2	112.90	18.3	21.56	
8 to 9	Boys	3	English	43.54	47.05	45.41	54.9	22.44
	Girls	6	Metric	110.6	119.5	20.6	24.92	57.0
	Boys	3	English	45.2	46.6	45.86	52.1	
	Girls	6	Metric	115.8	118.36	20.8	23.65	
9 to 10	Boys	1	English	50.79	49.7	57.32	60.4	22.05
	Girls	4	Metric	129.0	126.24	26.0	27.42	56.0
	Boys	1	English	47.44	48.73	52.91	55.5	
	Girls	4	Metric	120.5	123.77	24.0	25.2	
10 to 11	Boys	5	English	52.28	51.84	64.15	67.5	25.04
	Girls	19	Metric	132.8	131.67	28.74	30.64	63.6
	Boys	5	English	51.36	51.05	59.7	62.0	
	Girls	19	Metric	130.3	129.67	27.08	28.15	
11 to 12	Boys	68	English	52.78	53.5	64.90	72.0	24.80
	Girls	104	Metric	134.06	136.0	29.44	32.75	63.0
	Boys	68	English	52.6	53.1	65.28	68.1	
	Girls	104	Metric	133.6	135.0	29.61	30.9	
12 to 13	Boys	1044	English	53.15	54.99	69.47	76.7	25.34
	Girls	905	Metric	134.1	139.75	31.51	34.8	64.36
	Boys	1044	English	54.17	55.66	71.03	76.4	
	Girls	905	Metric	137.6	141.25	32.22	34.6	
13 to 14	Boys	259	English	54.72	56.91	72.79	82.6	25.83
	Girls	199	Metric	139.1	144.75	33.02	37.5	65.6
	Boys	259	English	55.47	57.77	75.64	87.2	
	Girls	199	Metric	140.9	146.5	34.31	39.5	
14 to 15	Boys	5	English	53.54		67.46		25.49
	Girls	8	Metric	136.0		30.6		64.75
	Boys	5	English	57.04		59.52		
	Girls	8	Metric	144.9		27.0		

torily cared for to an extent corresponding with the differences shown in the Table; the disparity is doubtless due in the main to the racial characteristics of the peoples from which the children are drawn.

6 (e) General Review of the Relation of Home Circumstances and Social and Industrial Conditions to the Health and Physical Condition of the Children Inspected.

The population of the district is exceptionally uniform in character, the industries being practically confined to coal-mining, supplemented by such occupations as are incidental to all large communities. There are no factors which may be said to unduly influence the health and physical condition of the children in one portion of the area as compared with another portion, those operating mainly depending upon the personal worth and ideals of the individual parents, the general social and industrial conditions being very similar throughout the whole district. There being, generally speaking, no difficulty in obtaining work at a living wage, and there being very few occupations in the district which women can readily enter, the conditions appear to be very favourable to the satisfactory development of the children, in so far as this is dependent upon the absence of poverty and of the need and opportunity for the women to be occupationally engaged to the disadvantage of their children. The same conditions, however, added to a considerable excess among the unmarried of wage-earning men over women, help to create factors of an adverse character such as very early marriages and large families, a very large number of the women becoming wives and mothers at an immature age, and before they have acquired such knowledge of housewifery in its widest sense as experience under satis-

factory conditions can give. It largely rests upon the Local Education Authority to afford facilities to girls, not only of school age, but also to those who have left school, and who are looking forward, definitely or indefinitely, to a change in their civil state and the consequent responsibilities, to acquire such knowledge as their home training fails to provide. Without such opportunities the existing conditions only serve to perpetuate harmful practices and ideas connected with such vital questions as the dietetic value, storage, and preparation of food, the maintenance of the cleanliness and wholesomeness of the home and its surroundings, the value of fresh air, and the importance to young and old alike of regular meals and hours and a sufficiency of sleep.

6 (f) REVIEW OF THE METHODS EMPLOYED OR AVAILABLE FOR THE TREATMENT OF DEFECTS

The methods hitherto available for the treatment of children found defective on medical examination are practically limited to those which are obtainable from medical practitioners supplemented by the voluntary hospitals in neighbouring areas. Practically no use is or can be made for this purpose at the present time of the Poor Law Authorities, because the existing arrangements and facilities do not enable them to provide any treatment of the kind usually required by school children. The only voluntary hospital in the district (that at Porth) is so small and without any accommodation which may be utilized for meeting the needs of school children that, in practice, hospital treatment is available only at Cardiff or Swansea, each being distant about an hour's railway journey from the district. Since the hospitals in question have set apart some of their accommodation for dealing

with wounded soldiers, treatment for school children has not recently been obtainable at these institutions, so that, in effect, the general practitioners of the district form the sole approveable means of meeting the requirements of the children attending the schools of the Education Authority. The system of contract practice in vogue in the district places medical service at the disposal of practically every individual child, but it cannot be said that the treatment provided is always adequate or applied with sufficient promptitude. The comparatively non-urgent nature of the large majority of the defects leads in many instances to the indefinite postponement of the suggested or advocated treatment, while, in other cases, the treatment required demands special knowledge, experience, skill, or appliances, for lack of one or more of which the general practitioner is unable to satisfactorily meet the requirements. The Education Authority have, however, made provision in the course of the year whereby the degree and kind of defects of vision due to errors of refraction can be estimated by their own medical staff, but the interference with the arrangements for which the war has been responsible by depriving the Authority of the services of a good proportion of their staff has not at the time of writing been satisfactorily overcome owing to the lack of response to invitations to render temporary medical service. The Authority's scheme, however, does not provide for any form of medical treatment as defined by the Board. The desirability of revising the scheme should engage the attention of the Authority with a view to meeting the need for the frequent and skilled application of appropriate remedies of a large number of the minor ailments which are so prevalent among school children. A portion of the School Clinic might be advantageously used for this purpose.

In the course of the calendar year 1914, advantage was taken of the Board's permission to arrange for and to defray the cost of the treatment of 30 necessitous school children, and for this purpose they were taken in charge of a school nurse to Cardiff Infirmary. These cases required a total of 79 visits, or an average of 2.6 per child. The defects in all cases affected the eyes and all save two required correcting spectacles.

SCHOOL CLINIC. In the course of the year premises were rented by the Council at Trafalgar Street, Ystrad, for use as an Inspection Clinic. They are conveniently placed, being situated within a very short distance of the main road and tramway track, and close to one end of the chief road connecting together the two valleys. Some time was taken in adapting the premises for the purposes of a School Clinic, the accommodation available being converted into a waiting room, a main examination room with an attached dark room, two rooms which can be used for examination purposes, and another room which is fitted with the essentials of a small laboratory. Owing to lack of staff full use of the Clinic, even for purposes of inspection, has not yet been possible. The scheme it was intended to follow provides for the examination of referred cases, of tuberculosis contacts where the examination at the school is inconclusive, the re-examination of defectives, the determination of the degree and kind of all cases of errors of refraction, the re-examination of excluded cases before their re-admission to school, the examination of those mentally deficient, of children such as truants before their admission into special schools, of cases prior to prosecution for non-attendance due to alleged illness, etc. Before the end of the year under review the Clinic was used for the purposes of inspection on 14 occasions, on which a total of 202 cases were

examined, the majority of them having been referred by the Medical Inspectors at their routine examinations at the schools. The possibilities of the use to which the Clinic can be put are very considerable, but are at present confined to somewhat narrow limits by the insufficiency of staff on the one hand, and the decision of the Council not to carry out any treatment of school children on the other. Judging from our recent experience, the prospects of augmenting the staff on the present terms are not favourable until the end of the war serves to liberate a number of medical men whose energies it now absorbs, and the extension of the activities associated with the Clinic by the addition of treatment of minor ailments of school children can only be effected by an alteration in the Council's policy, which served to exclude treatment on a previous occasion, and at a time when the full extent and significance of the prevalency of the complaints referred to were not appreciated owing to the lack of precise and sufficient information.

THE METHOD OF "FOLLOWING-UP." About one-third the time of six school nurses is devoted to the School Medical Service, their most important duty being that of visiting the homes of the children found defective on medical inspection. The nurse receives in some instances special instruction from the Medical Inspector, for which purpose she is seen by him before he leaves each school, and in all cases information from the Office is given to each nurse on special cards, and she is thus enabled to prosecute her inquiries and to urge the adoption of such steps as may be necessary in each case. The results of the primary and subsequent visit are recorded on the cards, and the accompanying table (No. 11) is compiled from the information thus provided.

Table 11.—1914.

School.	New Cases.				Medical Advice Sought.								No Medical advice sought.
		From previous years.	No. of defects for which no report is available	No. of Cases reported upon.	Treated.					Not treated owing to			
					Locally.	Elsewhere.	Cured or Corrected.	Improved.	Not Improved.	Poverty.	Negligence.	Postpone- ment.	
Hafod ...	22	19	—	41	32	—	14	10	8	—	—	—	9
Llwyncelyn ...	6	18	—	24	20	1	12	4	4	—	—	1	3
Porth ..	15	21	1	36	17	6	16	4	3	—	—	—	12
Cymmer ...	47	110	10	157	116	22	93	20	11	6	3	5	9
Islwyn ...	—	25	3	25	11	3	11	2	1	—	—	—	8
Alaw ...	11	35	2	46	43	1	29	6	6	—	—	3	—
Trealaw ...	66	51	2	117	70	7	45	25	4	2	—	1	38
Graigddu ...	25	34	1	59	50	—	31	11	5	2	—	1	8
Dinas ...	5	20	—	25	16	6	16	1	—	3	—	2	3
Craigyreos ...	38	16	—	54	38	3	21	6	8	6	—	—	13
Williamstown	35	76	10	111	77	10	46	18	1	8	—	14	14
Penygraig ...	14	108	6	122	83	22	66	14	7	6	1	11	11
Tonypandy ...	40	10	—	50	32	2	16	16	2	—	—	—	16
Blaenclydach	82	18	1	100	77	3	38	21	17	—	—	4	19
Cwmclydach	44	6	—	50	34	4	17	13	6	—	—	2	12
Llwynypia ...	50	21	—	71	51	3	21	22	6	1	—	4	17
Pontrhondda	33	8	—	41	24	2	9	11	4	—	—	2	15
Ynysir ..	94	10	7	104	69	6	43	15	16	1	—	—	22
Aberllechau...	52	7	1	59	42	4	27	6	13	—	—	—	12
Pontygwaith	47	2	—	49	31	2	17	8	8	—	—	—	16
Stanleytown	6	—	1	6	4	—	3	1	—	—	—	—	1
Tylorstown ...	44	25	1	69	61	4	44	11	7	1	2	—	3
Hendrefadog	48	29	2	77	57	10	32	6	20	7	2	—	8
Dyffryn ...	56	17	—	73	52	8	28	17	12	3	—	—	13
Ferndale ...	49	32	1	81	60	5	37	15	12	1	—	—	15
Blaenllechau	14	5	—	19	17	—	5	4	5	2	—	1	2
Maerdy ...	91	20	—	111	94	5	61	11	17	8	—	2	12
Bodringallt ...	58	32	8	90	58	8	23	20	17	1	1	4	16
Gelli ...	34	50	7	84	52	7	29	15	11	1	3	—	18
Bronllwyn ...	43	37	6	80	50	11	26	4	27	—	—	4	13
Ton ..	84	56	1	140	100	11	45	24	41	—	1	—	28
Pentre ...	82	80	4	162	80	6	39	22	19	—	2	4	72
Treorchy ...	166	73	28	239	157	3	43	68	33	—	—	16	51
Pencelli ...	7	—	1	7	4	—	—	4	—	—	—	—	2
Parc ...	134	40	12	174	111	—	21	60	15	—	1	14	51
Ynyswen ...	119	39	19	158	98	6	25	48	15	—	—	16	35
Penyreglyn	67	21	12	88	63	2	20	28	10	1	—	6	11
Treherbert ...	88	56	16	144	105	4	28	42	23	—	—	16	19
Dunraven ...	52	162	21	214	133	—	5	59	39	1	—	29	60
Blaenyewm ...	21	37	11	58	29	—	3	8	6	—	2	10	18
Blaenrhondda	35	105	31	140	92	—	4	29	22	2	2	33	17
Rhondda ...	2024	1531	226	3555	2410	197	1109	729	481	63	20	205	722

It will be noticed that 3,555 children were reported upon, of whom 2,024 were new cases and 1,531 were on the list from previous years whereas in 226 instances no reports were obtainable for various reasons, chief among which were removal from the district and attainment of an age beyond the school limit. It is to be also observed that 73 per cent. of those reported upon sought medical advice, 51 per cent. were cured or corrected or improved,

Table 12.—Defects Treated and Results of Treatment in 1914.

CONDITION.	No. of defects found for which treatment was considered necessary.			No. of defects for which no Report is available.	No. of defects treated.	Result of Treatment.			No. of defects not treated.
	From previous years.	New.	Totals.			Remedied.	Improved.	Unchanged.	
Ringworm of head ..	22	9	31	—	30	16	13	1	1
Ringworm of body ..	6	1	7	1	5	3	2	—	1
Other Contagious Skin Disease ...	58	49	107	1	103	68	31	4	3
Lung Disease (non-tubercular) ..	31	23	54	6	45	7	31	7	3
Enlarged Tonsils ...	359	502	861	53	696	284	218	194	112
Adenoids ..	81	132	213	19	170	51	65	44	24
Ear Disease ..	51	70	121	3	111	32	62	17	7
Deafness ...	17	38	55	1	49	15	29	5	5
External Eye Disease ...	58	76	134	2	124	55	55	14	8
Defective Vision ...	474	547	1021	58	742	423	76	243	221
Squint ..	68	66	134	9	97	33	15	49	28
Carious Teeth ..	331	542	873	75	460	172	121	167	338
Tuberculosis of Lungs ..	5	9	14	—	14	—	6	8	—
„ of other parts ..	3	3	6	—	6	—	4	2	—
Heart and Circulation ..	47	54	101	6	89	6	58	25	6
Deformities ...	1	5	6	—	6	—	3	3	—
Other Diseases ..	70	43	113	15	94	17	48	29	4

and that 20 per cent. failed to seek medical advice. When considered from the point of view of the diseases or defects discovered, it is found that in a few diseases, such as tuberculosis, all the definitely diagnosed cases under observation received treatment, while in other instances, such as extensive dental caries requiring attention, only about half the reported cases were given the necessary treatment. (cf. Table 12).

The classification in the table depending upon the result of the treatment given is based upon the opinion formed on re-examination of the cases by the Medical Inspectors, who re-examined 3,043 children in the course of the year, the schools being re-visited for that and other purposes.

METHOD OF EXCLUSION FROM SCHOOL. The scheme of certification by the School Medical Officer with regard to exclusion from and re-admission to school is not at present possible of full observance owing to the want of staff, but it is intended that the increase of the staff to the necessary dimensions, when practicable, coupled with the full use of the Inspection Clinic established last year, shall enable us to more fully employ the safeguard which a strictly followed scheme of certification affords to both the pupil immediately concerned as well as to the other children attending the same school.

(6 g) INFECTIOUS DISEASE IN THE SCHOOLS.

There occurred in the course of the year no instance of exceptional prevalence of a notifiable infectious disease attributable to school influence. Children of school age from houses infected with such diseases are systematically excluded from school until some time after the disin-

fection of the premises and the liberation from quarantine of the notified case or cases, when not removed to hospital. The scheme of exclusion referred to in the preceding section provides for the examination of such cases (including contacts) before their re-admission to school. The problem of dealing with the non-notifiable infectious diseases such as measles, whooping-cough, and chicken-pox, presents more difficulties, and any scheme aiming at their effective control must make provision for the prompt notification by the head teachers, attendance officers, school nurses, etc., to the School Medical Officer of all suspicious cases coming under their observation, for such promptitude, followed by persistent watchfulness, is the essential to effective action in checking the spread of those diseases the occurrence of which may be promoted by the conditions existing at the schools. The successful application of such a scheme will depend, in the first instance, upon the amount of interest and alertness which the head teachers and others placed in a position to obtain the earliest information will bring to bear upon the question, for upon the early recognition of a first case and upon a proper appreciation of the importance of its prompt exclusion from school will depend the measure of success which will attend efforts thus directed.

6 (h) DEFECTIVE CHILDREN.

The care and education of defective children are controlled by the Elementary Education (Blind and Deaf Children) Act, 1893, the Elementary Education (Defective and Epileptic Children) Acts, 1899, and 1914 and Mental Deficiency Act, 1913. In 1909 an inquiry of a limited extent by the

Medical Staff was directed to the ascertainment of the number of children who were then attending the public elementary schools in the district, and whose education was seriously and to an easily recognizable extent interfered with by the existence of some defect or defects either mental or physical, or both. No action was taken on the information thus obtained, the expected promotion of a Government Bill to deal with defectives being considered sufficient justification for the postponement of definite action under the powers then possessed by Local Education Authorities.

The Mental Deficiency Act, 1913, received the royal assent on the 15th of August, 1913, and became operative on the 1st day of April, 1914. The "local authority" upon which many of the duties of administration under the Act devolve is for this district the Glamorgan County Council, but our Council, as the Local Education Authority for the district, is given several duties, of which the most important are indicated in the following portions of the Act:—

Section 2.—(2). Notice shall, subject to regulations made by the Board of Education, to be laid before Parliament as hereinafter provided, be given by the local education authority to the local authority under this Act in the case of all defective children over the age of seven—

(a) who have been ascertained to be incapable by reason of mental defect of receiving benefit or further benefit in special schools or classes without detriment to the interests of the other children, or as respects whom the Board of Education certify that there are special circumstances which render it

desirable that they should be dealt with under this Act by way of supervision or guardianship;

(b) who on or before attaining the age of sixteen are about to be withdrawn or discharged from a special school or class, and in whose case the local education authority are of opinion that it would be to their benefit that they should be sent to an institution or placed under guardianship.

Section 30.—(h) (iv). Nothing in this Act shall affect the duties or powers of local education authorities under the Education Acts; and the duty of ascertaining what children over the age of seven and under the age of sixteen (hereinafter referred to as defective children) are defectives shall rest with the local education authority as hereinafter provided and not with the local authority under this Act; and such last-mentioned authorities shall have no duties as respects defective children, except those whose names and addresses have been notified to them by the local education authority under the provisions of this Act.

Section 31.—(1). The duties of a local education authority shall include a duty to make arrangements, subject to the approval of the Board of Education,—

(a) for ascertaining what children within their area are defective children within the meaning of this Act;

(b) for ascertaining which of such children are incapable by reason of mental defect of receiving benefit or further benefit from instruction in special schools or classes;

(c) for notifying to the local authority under this Act, the names and addresses of defective children

with respect to whom it is the duty of the local education authority to give notice under the provisions hereinbefore contained.

In case of doubt as to whether a child is or is not capable of receiving such benefit as aforesaid, or whether the retention of a child in a special school or class would be detrimental to the interests of the other children, the matter shall be determined by the Board of Education.

(2) The provisions of section one of the Elementary Education (Defective and Epileptic Children) Act, 1899, shall apply with the necessary modifications for the purposes of this section.

The Elementary Education (Blind and Deaf Children) Act, 1893, imposes "the duty upon every school authority to enable blind and deaf children resident in their district, for whose elementary education efficient and suitable provision is not otherwise made, to obtain such education in some school for the time being certified by the Education Department as suitable for providing such education." In virtue of this obligation, eleven blind and nine deaf children from the district are being educated at the present time at various certified schools, the Swansea Institutions for those thus afflicted accommodating the large majority of the numbers given. The Council have hitherto made no provision under the permissive powers granted by Section 2, sub-sections (1) and (2) of the Elementary Education (Defective and Epileptic Children) Act, 1899, for the purpose of dealing with defective children within their area by means of special classes or certified schools for the education of such children.

6 (i) (1) THE METHODS AND RESULTS OF INSTRUCTION IN PERSONAL HYGIENE AND TEMPERANCE.

Instruction in Hygiene and Temperance is given to the children at the schools by the class teachers, a reader on these subjects being available. The teaching carried out is mainly of the stereotyped and theoretical kind, and lacks the individual personal application which is so important and fruitful in its results in subjects of this nature. The bearing of the truths taught upon the individual lives of the pupils cannot be over-emphasized, and systematic efforts to ascertain to what extent the instruction given is put into practice by the children at home are desirable. In some directions there is a noticeable improvement in the personal cleanliness of the children since the inception of Medical Inspection, some of the change being doubtless attributable to its influence. Inasmuch, however, as the visits of the Medical Inspector or even of the School Nurse can be at best but infrequent, the constant repetition of the lessons which is so necessary to fix the details in the children's minds can only be given through the instrumentality of the teachers, and systematic teaching is doubtless better understood and of more permanent value when given by a teacher who is practised in the art, and whose influence is not infrequently much increased as a result of a long period of disciplinary supervision over the same children.

The teaching of Housecraft and the Management and Care of Infants to some of the older girls is being continued by and under the supervision of Miss Helen Norris at a school at Pentre which has been adapted for this purpose. The excellent work done at this school, which has now been carried on for some years, includes instruction in housewifery, cookery, laundry-work, and the care and management of babies, each lesson usually

consisting of a talk upon the subject to be dealt with, accompanied or followed by a demonstration which the individual members of the class afterwards practise for themselves. The girls, who are 12 to 14 years of age, devote their whole time to the practice of these arts for a period of ten weeks, usually just prior to leaving school, so that the main principles and practice of these important branches of knowledge are made as familiar to them as possible before the utility of the tuition is submitted to the test of real experience at their own homes or elsewhere.

6 (i). (2) THE METHODS & RESULTS OF PHYSICAL OR BREATHING EXERCISES IN THE SCHOOLS.

There has been no substantial advance to record in the character or amount of interest taken in physical and breathing exercises at the schools generally, there being apparent a greater lack of concern in physical exercises than their importance seems to justify.

6 i. (3) OPEN-AIR SCHOOLS.

Hitherto no action has been taken towards the establishment of one or more open-air schools in the district beyond an instruction that the question as to whether the conditions existing among the children in the schools call for the provision of such a school for their amelioration or removal, is to be considered.

6 (j) MISCELLANEOUS WORK IN CONNECTION WITH THE SCHOOLS.

During the year 34 male and 77 female candidates for pupil teacherships were medically examined for approval. The conditions found to exist did not require the definite rejection of any of the candidates, but a large proportion was found to suffer from defects capable of being remedied or corrected, and those suffering were instructed to obtain appropriate treatment prior to a medical re-examination to be carried out at a later date.

There were also examined 8 children drawn from the Council's schools before their admission to a school for truants situated outside the district at Quakers' Yard.



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